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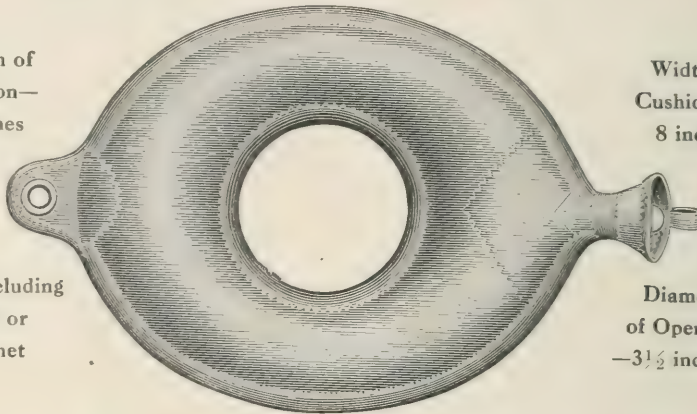
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The Trained Nurse and Hospital Review

VOL. L.

NEW YORK, JANUARY, 1913

No. 1

The Grading of Nurses*

MRS. E. G. FOURNIER

Minnewaska Sanitarium, Gravenhurst, Ont.

WE are, to-day, facing a problem which is most difficult of solution; i.e., the grading of nurses. Of course, there are different grades of nurses to-day, as we all know; all graduates are not equally prepared. Neither are all registered nurses placed on the same level simply by registration; neither is it necessary for all nurses to be equal. A proper and intelligent recognition of these different grades will, I believe, solve many difficult problems of both large and small hospitals at the same time that it will provide the public with the nurses necessary to fill the great variety of places to which nurses are called to-day.

We have a splendid example of the kind of grading to which I refer, in the teaching profession. Would it not be absurd to expect all our school teachers to be prepared to teach in our Universities, before granting them a license to teach in the primary grades of the public school? It is just as absurd to try to train *all* our nurses to fill the highest places when only a handful, comparatively speaking, are required at the top, as it would be to prepare all teachers to be professors, especially when

so large an army of nurses are needed in our hospitals and sickrooms.

This is a practical age and unless the nursing questions are handled practically by the American Hospital Association, the doctors and the nurses themselves, they will continue to be unsolved problems.

This is also an age in which we hear constant talk of regulation, and rightly so too. *Practical regulation* seems to be the great need of the hour. State registration is an attempt to this end but it does not meet the real needs of to-day. True, registration has done much; I am in hearty sympathy with registration; but, it can and must do more if it is to become a practical solution of nursing affairs.

Again, registration, to-day, is trying to regulate training schools but it is not practical because it tries to make all hospitals train nurses for the highest positions in all branches of nursing. It is impossible to do this in many places, even when affiliation is largely accomplished.

Registration, can not be practical so long as it prevents a great many capable women from entering our training schools, the educational limit, being high school students. What is the usual effect of this clause? Either the hospital takes them in

*A paper read before the American Hospital Association.

and tries to squirm around this clause or else the hospital finds it impossible to supply its needs for nurses.

To be practical, registration *must* make a place for the public school student, the high school graduate and the college graduate also. We have tried to interest our college women in the wonderful field for usefulness in the nursing world but they are not turning to this field of usefulness in large numbers. Why? Simply because we make no place for them. Would the university man or woman turn to the work of teaching if all teachers were in one grade? No. But they know there is a place at the top and they prepare to fill it. If registration makes a place for the college graduate, plus a training in nursing prepared purposely for them, I am sure it would appeal to many young college women, and the places which are calling for these fully equipped women, would no longer call in vain.

I have also said that registration, to be practical, must find in the nursing field a place for the public school graduate. If our various educational bodies consider the public schools of our land are giving our sons and daughters a reasonable education to start them in life, then, surely some place of the nursing world should be open to them.

Our training schools could be so classified as to give these young women the preparation needed to fit them to nurse, as a carpenter takes the boy out of school and by precept and example, teaches him carpentering. Few, if any of these boys, will become great architects. Perhaps few, if any of these nurses with only a public school education will ever become leaders in the nursing profession, but the army of capable, willing hands, obtainable from this source, must not be rejected.

Why not fit them for third class registered nurses in those hospitals and sanitariums that, to-day, are doing noble work but

which cannot give training in all branches of nursing still can prepare better private nurses than many of our most noted hospitals do to-day. As the third class school teacher finds plenty of places open to her so the third class nurse would be in constant demand, for there are not enough trained nurses who are high school graduates or college graduates, to nurse one tenth of our sick.

In brief, then, the grading of registered nurses proposed, is as follows:

First Class, Registered Nurse (R.N.). A college graduate having taken a specially prepared training in some particular branch of nursing for some particular place in the nursing world.

Second Class, Registered Nurse (R.N.). A high school graduate who has taken a full course of training in the best possible general training school: Same to cover all principal branches of nursing.

Third Class, Registered Nurse (R. N.). A public school graduate who has received thorough instruction in the laws of Hygiene, the principles of nursing and who has had such practical care of the sick as is given in the numerous hospitals of less than fifty beds or in special hospitals for the insane, tubercular, incurables, etc.

Let us arrange that third and second class registered nurses may become first class, if they so desire, by providing Post Graduate courses and securing the necessary high school and college extension courses. Why, even our correspondence schools for nurses, *might* become valuable to us as a profession, if they prepared the educational courses necessary for those who desired to forge ahead. A nurse could take her course in mathematics, etc., while doing private duty or rather, between cases, and during vacation. Even we, superintendents of nurses, would not object, I am sure, to a nurse in training, making up some educational shortage through their agency, providing they did not attempt to teach *nursing*.

Now for the second and perhaps most important suggestions concerning the practical regulation of nursing affairs. I am sure, as an International Hospital Association, we cannot remain indifferent to the inefficient nursing the so-called practical nurses and midwives are to-day giving our helpless sick.

In this country and Canada, we issue all sorts of licenses to teachers, engineers, peddlers, barbers, dray men, etc. Why not to all those who nurse for hire? Surely it is more important to see that the person who cares for the sick, is, in some manner, prepared to do so, than it is to inspect a man's wagon to see that it is capable of carrying a trunk before a license to team, is granted.

License women to nurse and let them be known as L.N.'s and then *insist* that every woman who nurses for hire is either an L.N. or an R.N., all of whom, have presented their credentials, passed the necessary examinations, etc. As the carpenter can find a place for the boy just out of school, so must we make a place for the girl just out of school or she will find other spheres of usefulness as they do to-day—hence, the lack of applications for our training schools.

Let us take advantage of the habit of concentration in the girl who has been attending school regularly. She will learn Anatomy, Physiology, Chemistry, etc., much easier on leaving school than she will six or seven years later. Day schools for pupil nurses of this class, could be arranged and many practical things might be taught these girls that would be of great service to them and help the hospitals where this instruction is given. A girl does not need to be twenty-one before she can learn to make a bed or carbolize a room. The habit of doing thorough, painstaking work, will cling to them, and the pupils entering our training schools at the age of twenty or twenty-one, from this class, after those five

or six years have elapsed since they left school, would be very different from many who enter to-day. To these young girls, nursing permits should be issued by our local health boards, and to these, I think, our hospital association should turn with great hopefulness. Let our hospitals take the place of our high schools, to a certain extent, by offering courses in training, etc., in return for which the young girls serve so many hours of each day, returning to their homes or boarding places when the hospital school hours are over, just as the high school student does. Many of these young students will enter our regular training school later, while those who feel the need of earning quickly, can get a license and begin nursing much better equipped than most of the so-called "practical" nurses of to-day.

The licensed nurse being recognized and a proper place being given her in the nursing world, will solve many difficult problems. The graduate, on private duty, who finds too much running up and down stairs, or a helpless patient, too difficult to move by herself, may find competent willing helpers among the licensed nurses.

The small hospitals, sanitoriums or special hospitals who should not attempt a regular training school, could employ these licensed nurses to work under a fully graduated head without too great an expense.

Then, too, our general hospitals, even when fully equipped training schools are maintained, could many times employ the licensed nurses during strenuous times, or when the number of pupils in the training school was less than usual, and so prevent the superintendent of nurses, being compelled to retain the inefficient pupils or even to take in the unqualified, simply because all the work of the hospital, needed to give the proper experience to the pupils of the training school, must be done by pupils as it is at present.

Surely, there is no good reason why the licensed nurse could not come in and make

beds, bathe patients, etc., during a very busy time or during a shortage of pupils in the training school.

The sooner we acknowledge that what our pupils of the training schools need is sufficient experience under trained teachers, and not three years repetition of the thing that was learned well the first month, the better.

Then too, the sooner hospitals realize that all the nursing need not be done by the pupils in training, the better it will be for our training schools.

Licensed nurses can do much of the work of our wards, diet kitchens, etc., under proper supervision, just as the pupil nurses are doing to-day.

To sum up: If we are to practically regulate nursing problems, we must begin with the girl just out of school, whether that school be public school, high school or university. We must see that the sick of our land are reasonably protected when they hire a nurse by seeing that every one who sells her services for that purpose, knows something of the laws of health and hygiene, or we are not practical.

We must provide simplified courses for

those who only want to assist our graduates, our visiting nurses or our busy hospitals, special courses for those desiring to specialize, and thorough, all-round training, for the women who desire to be thorough allround nurses, namely, the registered nurses.

We must supply more helpers for our hospitals and not restrict the opportunities they afford for the training schools.

Then, let our local authorities (health boards, possibly) grant nursing permits for the girls under eighteen who wish to proceed along nursing lines. Also let them issue licenses to nurse to any woman over eighteen who presents proper credentials and can pass the prescribed examination.

Let the State Examining Board issue third class certificates to the nurses who attain the prescribed requirements and apply for same; second class certificates to those qualified to receive them and first class certificates to the university graduate who has prepared herself to handle, successfully, some larger nursing problems. Licensed nurses to be known as L.N.'s. Certificated nurses to be recognized as R.N.'s, first, second and third class.

PRAYER FOR THE NEW YEAR

BY C. D. FAY ROBERTSON

Hold thou my hand

In thine, O Lord, for thy great hand is strong,

And many are the stony places set

For my unwary feet, the way along,

And myriad the trials to be met.

Hold thou, O Lord, my hand!

Because thou knowest,

Lead me along the changes of the year:

The days when gray earth meets a grayed sky,

The other days when tender skies are clear;

For only thou art great among the high—

I, of the lowly, lowest.

Findlay, Ill.

Hold fast my hand;

Then shall I walk adown the year serene,

Grow old as swings the pendule to and fro,

But fearing not, though all may not be seen

Of where I travel when the sun drops low,

Close held by thy strong hand.

Ay, hold my hand!

Be paths where I shall go or rough or smooth,

Be men whom I shall meet or foe or friend,

Be days with tempest drear, or calm to soothe,

I care not—so through all until the end,

Thou hold, O Lord, my hand.

Suggestions for Amending the Nurse Registration Law

F. W. SCOTT, JR., BROOKLYN, N. Y.

ANY nurse to practice as such must be licensed by the State Department of Education.

The department will issue a license card (for which a fee will be charged) which must be exhibited to physician, patient or other interested person on demand. Licenses must be recorded in county clerk's office in county of residence every thirty-six months.

There shall be four (4) grades of licensed nurses:

Grade A—Registered Nurse, one year in high school, etc. as now. Entitled to R. N. certificate license fee \$5.00.

Grade B—Graduate Nurse. Common school education. Other requirements as for R. N.

Two years in practice from date of license as graduate nurse, holder to be eligible to try examination for R. N. License fee \$5.00.

Grade C—Undergraduate Nurse. One or more years in training in a registered school or graduate of short term course of not less than six months in which not less than 300 hours are devoted to actual lecture and class room work and not less than two months to actual bedside and sick room work, all of which shall be of a standard satisfactory to the Department of Education.

One year in practice from date of license as undergraduate nurse may be accepted as equivalent to the first year in training in a registered school. License fee \$5.00.

Grade D—Practical Nurse. Must have had one or more years actual experience in the care of the sick prior to date this act becomes effective and must show to the

satisfaction of the examining board that she is capable and otherwise qualified to practice as such. License fee \$3.00.

Any nurse holding, when this act becomes effective, a R. N. certificate issued by this state may apply for a grade A license. Any nurse who has been practising for six months or more from date of graduation from a registered training school when this act becomes effective may apply for a grade B license. Such nurses must make application for licenses within thirty days from date this act becomes effective or refrain from practising till such license is obtained. Except as herein provided licenses will be issued only after applicant has successfully passed a test examination. The examining board will hold its first test within thirty days from date this act becomes effective.

The department of education may arrange for a reciprocal issuing of licenses to nurses registered in other states, the grade of licenses to be determined by the requirements for registration in such states.

Licenses may be suspended or revoked by the department for cause on recommendation of the examining board.

Penalty—Failure to comply with the requirements of this act shall be punishable on conviction by a fine of \$5.00 for the first offense. Each further offense shall be punishable by a fine of \$10.00 or imprisonment for not more than thirty days.

This act shall take effect January 1, 1914.
Arguments:

Gives the profession a better legal recognition.

Makes the obtaining of licenses compulsory and brings all under state supervision.

Protects the public. License must be shown on demand.

Protects the R. N. Nurse. (I have in mind the case of a young woman who had been a telephone operator before entering a hospital as chambermaid. She worked in that capacity for a few years during which the only time she did anything in the line of nursing was when the nurses on her dormitories were indisposed and needed a little attention. Now she is a practising nurse.)

Makes provision whereby registered schools may enroll pupils with common school education and thus provides a way for additional nursing force for the hospitals.

Eventually eliminates the technically untrained except as provided by law relating to midwifery. (And this law should be radically changed. As it is now there is every opportunity for license to be obtained by fraud.)

I would suggest that the examination for Grade B, be of the same standard as the present examination for R. N. and that for R. N. be made a little more stringent.

As to the two years' practice in Grade B making licensee eligible to grade A examination.

Any young woman who will keep fresh in her mind for two years the technical points acquired in her training certainly has some back bone.

The undesirable ones will generally drop back in that length of time.

While the division into four grades may to some seem undesirable, the necessity for it, if all are to come under the law, is quite obvious.

Let there be but the one standard for registering schools and if any young woman, without at least a common school education wishes to enroll, let her first qualify. Let her study for and pass examinations in enough more subjects to entitle her to enter high school. In the other professions the state requires certain regents counts.

Instead of two years in practice it might be required that the grade B nurse obtain sufficient regents counts to entitle her to enter the second year in high school before being eligible to try for Grade A license.

Along with this it might be well to recommend that the following scale for services be endorsed, not, however, to be demanded without exception but left to the discretion of the nurse—she to be governed by her experience and professional reputation, and by the circumstances, just as a physician or a lawyer may charge one who is able and willing to pay a fee higher than his average while a person of limited means might be treated free or at a very moderate charge.

Grade A	25 to 30
B	20 to 25
C	15 to 20
D	10 to 15 might be included in Grade C.

Must have had three months or more experience in care of sick in sanitarium or other institution under the supervision of a regularly registered physician and hold a certificate showing the completion of a correspondence course in nursing covering a period of not less than six months, all of which shall be of a standard satisfactory to the department of education.

Hear one side, and you will be in the dark; hear both sides and all will be clear.—HALIBURTON.

Social Service in the Massachusetts General Hospital

IDA M. CANNON

Head Worker, Social Service Department

(Continued from December)

AN Associated Charities agent telephoned to ask advice of the Children's Clinic worker concerning the advisability of removing a child, at the mother's request, to a boarding house in the country. The worker replied that the child, who is under the care of the clinic, was not sick enough to warrant removal and that from what she had seen of the mother she thought she needed the responsibility of the care of the child. The Associated Charities agreed to continue aid until the father, who is sick in the City Hospital, shall be able to resume the support of the family, and the hospital social worker will continue to supervise the child.

A little girl of seven with gonorrheal vaginitis was referred for home supervision and for assurance of regular attendance at clinic. This problem is often presented to us and is troubling us greatly. We hope sometime to have a special worker to supervise these unfortunate little victims and to study the questions unsolved in this widespread disease.

The worker for the handicapped arranged for the use of a wheel-chair for the afternoon to take a patient to interview a possible employer. He can get around slowly on crutches, but it seemed best on this occasion to facilitate matters by having him moved in a chair.

She later talked with a colored man who was an old case of heart disease. Other efforts toward self-support having proved disastrous to this patient's health, a plan has been made to start him in post-card business. He was given directions for starting, where to obtain the license, etc. He was told to return when all should be ready for

the initial supply of stock for sale. The patient had made his own rack for holding the cards, had painted it, and his friends had helped him put it in place.

A letter was written to a crippled boy who had recently been placed in a small printing office in New Hampshire, asking how he was succeeding, whether the boarding house was proving suitable, what his hours were, whether he had found the work tiring at first, etc. Also, measurements for crutches were asked for, as it seemed best to send him a pair of strong new ones.

Another letter was written to a boy with infantile paralysis, who is learning to run a power machine in a shoe factory in Lynn. This boy becomes discouraged about every two weeks and requires visits and letters, but slowly improves in his work and attitude of mind. A letter was written to the Fragment Society, thanking them for the shoes sent this patient.

A handicapped patient for whom work had been found in the hospital was talked with. He is in line for promotion if he can pass the examination for engineer's license. The chief engineer was consulted and said he thought the patient could pass such an examination. A dollar was loaned the patient for his fee, as his pay day was several days off.

A visit was made to the Horological School in Waltham in the interest of a crippled boy of nineteen. The manager agreed to take the boy to learn watchmaking if the cost of the materials could be met. This would amount to about \$5. A call was made on the mother of the boy and she agreed to meet the expense. The boy has mechanical

ability and ambition to do something with his hands.

This same worker gave a lesson in smocking to a member of a dressmaking establishment in Cambridge. We have been interested in this little household for three years. The present group of three crippled dressmakers is, we hope, the nucleus of what will become a larger household, where a woman who is unable to go out to work and has no home may learn to earn her living by sewing, and find a useful and happy existence. The three who are there at present are victims of Pott's disease, paralysis and Reynaud's disease.

A girl of nineteen was sent from the medical department with a slip saying: "We can do little for this patient; she is worrying herself sick." The probable cause for her disturbed digestion and nerves was found to rest on the fact that her father was determined that she should marry a man whom she did not love. Whether there is any way of helping this girl is yet to be seen.

A woman was referred from a neurologist with a diagnosis of debility, asking us to find out if the patient's report of conditions at home was correct. At the Confidential Exchange of Information (through which some eighty different social agencies in Boston co-operate to avoid duplication of effort) it was discovered that the Associated Charities had known this family for many years. From the social worker who had known them best it was learned that a brother and sister of the patient were insane and that our patient had been "queer" for some time. These facts were reported to the physician, and the Associated Charities agent was asked to define more explicitly what she meant by "queer." Together we will try to carry out the best plan for the patient.

A little girl of ten, whose home is far down on the Cape, came to tell me that the doctor had told her she could go home next day. We had first known her two years ago, when she was referred, badly crippled with infantile

paralysis, with the request that we secure for her a back brace and arrange to have her stay in Boston for a few weeks to take some Zander exercises. The brace was secured through the generosity of one of the hospital officers whose summer home was not far from Mary's house. Through another friend of the department she was kept in Boston for three months, during which time she took her exercises three times a week and attended school. Every six months she has returned for observation and exercises. She has improved remarkably.

During the afternoon the workers were occupied with various correspondence, telephone messages and home visiting.

A meeting of the workers was held on Thursday afternoon to discuss some aspects of record making. Also, this was the regular day for the meeting of the modeling class. This class was formed some three years ago for those psychoneurotic patients for whom the best therapeutics is social interest in other people and constant friendship with those who, wise in understanding, can gradually help them to a more wholesome point of view toward life. The bi-weekly meetings of this group of patients, their work with the crude clay, from which they have made many beautiful things, have proved a most valuable aid to the treatment of their unhappy state of mind.

The variety of problems as they are seen in the day's work calls for a variety of special knowledge. The special knowledge for each group of problems is something other than that of the medical person alone—something more than that of the general social worker. The hospital social worker must be more or less of a new species—a cross between the medical and social worker.

In the group of women in our social service department are several specialists in this new field—the worker with children's problems, the one trained to deal with nervous patients, the one who can deal with girls in moral tangles, the one fitted to help

the physically and industrially handicapped, the teacher of the clay modeling class, and those appreciating the problems of the tuberculous. While having their special functions, these workers are trying to keep constantly in mind the value and function of the social forces in the community and to work closely with them.

While the department has not yet become an organic part of the hospital organization, the relationship is cordial and we believe mutually helpful. The organization and control of the work in the Out-Patient Department is in the hands of a supervisory committee, while that of the ward social worker is under the direct control of the superintendent. The supervisory committee consists of the superintendent of the hospital, one of the board of lady visitors, six of the doctors on the staff (a surgeon, a neurologist, an orthopedist, a pediatricist and two physicians), two social workers and two business men. One of the social workers is the head of the School for Social Workers and one is the secretary of the State Commission for the Blind. Dr. Cabot is chairman of the committee.

The department is just now considering some questions of the most effective organization for hospital social service in relation to the medical work, the wisest selection of patients needing the aid of social service and the question of the training of workers for this new field.

It is agreed that the plan of having the social worker in the clinic where the patients see no line of demarcation between the medical and the social work is most effective. This plan, which has been used extensively at the Boston Dispensary, we have established in the Children's Clinic. We are also making a survey of the medical records of this clinic for six months, with the idea of reorganizing our social work on the basis of the real needs for follow-up work and co-operation between the physician and the social worker. Such a survey, based on

a study of the medical records, is a much better indication of the needs for the social worker than the study of the social problems as they come to the department, selected through the special interests of the physicians in certain types of cases. Thus we are finding great need of following up children with carious teeth, others having had appointments for tonsil operations who do not come back, and still others suffering from improper diet. If we aim to meet the social needs of the clinic we must follow these patients as well as those with heart disease and rachitis. The survey is being carried on with the close co-operation of the physicians, and we feel that it will be the basis of better organized social work and better medical records. We have found that out of the 430 new patients who came to the clinic during the three months from January 1 to April 1 of this year, 262 came only once. This fact could never have been suspected without the survey, for the records are carefully filed away after each visit and not called out until the patient returns. If we aim to help make the doctors' treatment effective, we should see that these records are called out.

In co-operation with the School for Social Workers two special courses in hospital social service are offered this year. The head worker is helping in the direction of this course.

While the department has sustained several serious losses in workers during this last year, the work must go on, for the physicians are vitally interested, and thus stability is assured. They have long since found that we are not a distributing agency for old shoes and clothes, but a vital part of effective medical treatment.

The social workers at the Massachusetts General Hospital are only one of many similar groups of hospital social workers in the country who are striving to make their contribution to the work you are doing to promote the economy, efficiency and humanity of our hospitals.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

WHILE cholera, yellow fever, and other great plagues that in past centuries have scourged humanity are rapidly disappearing from those parts of the world where sanitary laws are in force, disorders which result in a larger degree from the overpressure and too luxurious habits of modern life are steadily on the increase. According to leading authorities in the medical world, among these latter affections, diseases of the heart and blood vessels hold a leading place. As cardiac difficulties are common among persons of all ages and in all conditions of life, and are seen with great frequency as complications or sequelæ of other disorders, they form no inconsiderable part of the average nurse's work, and there is no class of cases in which heavier responsibility may be laid upon her. As, however, little has been written on the subject specifically for nurses, it is purposed in the following series of papers to present a brief account of the varieties and causes of heart disease; general symptomatology and the leading symptoms of individual disorders; the role played by the mental factor in the causation and treatment of cardiac disease; problems and dangers to be met in the nursing of such affections; the question of diet; the uses of rest, exercise, and carbonic acid baths; together with a chapter dealing with arterio-sclerosis.

I. VARIETIES AND CAUSES OF HEART DISEASE

1. CONGENITAL DISEASES OF THE HEART

While heart disease is usually acquired, either as the result of some infection, pathological change, strain or stress, there are certain unfortunates who come into the world with ready-made cardiac affections. These are either abnormalities in the structure of some part of the heart, resulting

from arrest of development during intra-uterine life, or disorders caused by disease during the same period; and both may vary from slight deviations from the normal, which may make little trouble, or perhaps only be discovered at autopsy, to defects or conditions which result in death a few hours, days, or weeks after birth.

Striking abnormalities of the heart are sometimes seen in cases of extreme monstrosity; the heart may be absent entirely, too small or too large, or displaced from its normal position, in some instances lying entirely outside the body. The condition known as dextrocardia, however, in which the heart lies upon the right side of the body, and which is usually found associated with general transposition of the organs, does not interfere with long life or a proper performance of bodily functions. Defective construction of some part of the heart itself may or may not be dangerous to life. Such extreme malformations as absence of the dividing wall between the chambers of the heart are not, of course, compatible with the proper carrying on of the circulatory process, but minor deformities and supernumerary valves are not uncommon, while incomplete closure of the foramen ovale, or fetal opening between the auricles, which normally closes at birth, has been found in persons who have died of other affections. Contraction of the various orifices, especially of the pulmonary, which is one of the commonest forms of congenital heart disease, is not incompatible with life for many years.

2. DISEASES OF THE PERICARDIUM

Inflammation of the *pericardium*, or serous membrane surrounding the heart, may be of the dry variety, where there is only a small amount of fluid exudation,

or of the type known as pericarditis with effusion, where the space between the two layers of the pericardium sometimes contains a considerable quantity of fluid. Chronic adhesive pericarditis, also known as adherent pericardium, is also of two varieties; in one there is simply adhesion of the inner and outer layers of the pericardium, which may produce little disturbance of the functions of the heart; but in the other, which is associated with a chronic inflammation of the mediastinum, or septum of the thoracic cavity, and in which the outer layer of the pericardium may become adherent to the pleura and to the chest wall, the condition is liable to become very serious, as the heart, embarrassed by its unnatural limitation of motion, usually hypertrophies and dilates.

Pericarditis is almost always secondary to some other disorder, except in cases of wounds of the heart, or where some foreign body that has been swallowed has worked through into the pericardium, as has been known to occur in rare instances. Like other diseases of the heart, pericarditis is a frequent sequel of rheumatism, even where the articular symptoms are slight, or where tonsillitis has been the only manifestation of the disease. It has also been known to precede a rheumatic attack. Another frequent cause is a septic process, especially from bone diseases and puerperal septicemia. Tuberculosis, pneumonia, and the eruptive fevers, especially scarlatina, are responsible for a considerable number of cases, and in persons over fifty years of age, chronic nephritis is a common cause. The disease may also occur by extension, as in pleuro-pneumonia, where it may be a serious complication. It is seen at all ages, cases having been known even in the fetus, and in the new-born, where infection has taken place through the navel. In the young, however, it most frequently occurs in connection with the infections, and in later life it is oftenest seen associated with

kidney disease or tuberculosis. Men are said to be more liable to pericardial disease than women.

What is known as *hydropericardium*, or dropsy of the pericardium, is a large effusion of serum into the pericardial sac, and is found chiefly in connection with general dropsical conditions, in heart and especially in kidney diseases. Like other dropsies, it is a symptom of retarded or interrupted circulation. If the secretion is very large it may cause considerable embarrassment to the movements of the heart and lungs.

3. DISEASES OF THE ENDOCARDIUM

Affections of the *endocardium*, or lining membrane of the heart, are very common; so much so that almost half of the cases of heart disease met with may be included under this head. Endocarditis is seen in both the acute and the chronic form, the former being usually confined to the part of the lining membrane that covers the valves which guard the doorways leading out of the various chambers of the heart, but occasionally involving the lining of the chambers themselves; while the latter, generally secondary to the acute form, is characterized by permanent sclerotic changes in the valves, resulting in the obstruction or insufficient closure of the orifice, or a combination of the two conditions.

A.—*Acute endocarditis* is the result of an infective process, and is secondary to some other affection, most commonly acute articular rheumatism, especially in the young. It is also a frequent sequel of pneumonia and other infections, sometimes occurs in chorea, and is met with not seldom in such chronic wasting diseases as tuberculosis and cancer. A severe form, known as *malignant endocarditis*, which is almost invariably fatal, is most often found associated with septic processes of some kind, though it has been known to follow many infectious diseases. No distinct line of

difference can be drawn between simple and malignant endocarditis, however; they differ in severity rather than in causation or in the pathological changes present. Both are characterized by the presence on the valves and sometimes on the walls of the chambers of small warty vegetations, which have been described as cauliflower-like excrescences, often attached by narrow pedicles. Under favorable conditions these vegetations may contract, become organized, and finally disappear, but the valves upon which they have formed are always more or less thickened, contracted, or otherwise injured by the disease process which has been present, thus becoming vulnerable points for future disease. In malignant endocarditis the vegetations frequently undergo ulceration, and the inflammation may extend and cause aneurysm or perforation. In either form of the disease portions of the vegetations may be broken off and carried in the blood current to distant parts of the body. While in malignant endocarditis the disease itself usually progresses steadily to a fatal termination, producing aneurysm, perforation, or rupture of the valvular segments or the muscular wall, in simple endocarditis most patients survive the acute stage (although embolism—the obstruction of a blood vessel by a broken-off fragment of a vegetation that has been carried away by the blood stream—may occur even at that time), the greatest danger being more remote, and resulting from the disturbed process of nutrition in the sclerosed valves. The extent or severity of the affection does not necessarily correspond to the gravity or apparent insignificance of the disease which it complicates, very serious cases of endocarditis resulting from ailments that appear to be trivial.

B.—*Chronic endocarditis*, or chronic valvular disease of the heart, is usually secondary to an attack of acute endocarditis, most frequently of rheumatic origin. It is char-

acterized by sclerotic changes in the valves, which become thickened, shrunk, and deformed, the process either retracting the valves and the tendinous cords which control them so that they cannot entirely close the orifice, but allow the blood to leak backward, or causing the cusps to adhere together and become hardened and rigid, narrowing the orifice in such a manner that the normal amount of blood cannot pass through it. The former condition is known as valvular incompetency, insufficiency, or regurgitation; the latter as valvular stenosis, or obstruction. The two conditions may, and frequently do, exist together. There may also be sclerotic patches in the lining of the heart chambers.

A form of valvular incompetency known as *relative insufficiency*, is not caused by any lesion of the valves, but by weakness of the muscles effecting their closure, or by increase in the size of a heart chamber, which also enlarges the size of its orifice, thus rendering valves of normal size unable to close it. This form of insufficiency is seen in the course of various diseases, and may be merely a temporary condition.

Lesions of the valves are found in the following order of frequency: (1) The mitral; (2) the aortic; (3) the tricuspid; (4) the pulmonary. Very often, moreover, more than one valve is affected.

(1) *Mitral insufficiency* is the most frequent of all valve affections. It is met with at all ages, but especially often in children. Where it is present, during the contraction of the left ventricle the valve between the left auricle and left ventricle, which normally is tightly closed during the passage of blood into the aorta, or great artery leading from the left heart into the general circulation, remains partly open, allowing a portion of the blood to leak backward into the chamber whence it came. This throws increased work upon the left auricle, which is now receiving blood from both directions, and in consequence it hyper-

trophies, or increases in muscular tissue, thus gaining additional force for the emptying of the cavity. This hypertrophy may be sufficient to compensate for the increased strain, and the patient may suffer little or no inconvenience; may, indeed, be unaware of his condition for years. When, however, the strain becomes so great that the heart muscle no longer responds by further hypertrophic changes, the chamber is overfilled and becomes dilated, causing engorgement of the pulmonary circulation behind it. The left ventricle may also have undergone hypertrophy, and in course of time the right side of the heart in its turn is liable to become affected by reason of the work put upon it by the difficulty of forcing blood through the over-filled lungs.

(2) *Mitral obstruction* is usually accompanied by some degree of mitral insufficiency. It is one of the most serious of the valvular lesions. Where it exists, the free passage of blood from the left auricle to the left ventricle is blocked, and, when the auricle contracts, instead of the usual amount being pumped into the ventricle, the distended auricle backs a part of its contents into the pulmonary circulation, thus into the right ventricle, and finally into the general venous circulation. Hypertrophy of the left auricle results, to allow the overfilled chamber to make a stronger effort to force its contents through the narrowed opening, and there is also hypertrophy of the right ventricle, which is obliged to do additional work in pumping the blood through the pulmonary circulation against the increased resistance. Such is nature's method of relief. It is known as compensation and may continue undisturbed for a long time.

(3) *Aortic insufficiency* is one of the gravest of valvular affections. Where it is present, a portion of the blood which has

been expelled into the aorta, on its way to the general circulation, flows backward through the insufficiently closed doorway between the left ventricle and the aorta, as soon as the contraction of the ventricle is over. This causes over-filling of the chamber, which hypertrophies in order to force the blood into the aorta with greater vigor; and the most extreme grade of hypertrophy is seen in this lesion, the heart sometimes attaining such great size that it has been called the "*cor bovinum*." If there are no complications, compensation, or, in other words, hypertrophy of the left ventricle and subsequently of the other chambers, may occur, and be maintained for a long period; but where other valvular defects or disease of the heart muscle are present it is apt soon to be disturbed.

(4) *Aortic obstruction* is one of the rarer valvular affections, and when it occurs is usually associated with some leakage. It is most often seen in connection with calcareous degeneration of the arteries, in patients of advanced age, compensatory hypertrophy of the left ventricle then occurs also, and as long as it is undisturbed the rest of the heart remains in a normal condition. With failure of compensation, that is, with yielding of the thickened chamber, the ventricle becomes dilated, there is pulmonary congestion, and finally hypertrophy of the right side of the heart, which, as in the lesions described above, is over-worked in trying to force the blood onward in the face of increased resistance.

(5) *Tricuspid insufficiency*, or regurgitation through the tricuspid valve, which guards the passage from the right auricle into the right ventricle, is seldom found as a primary affection, but usually as a result of lesions of the left heart, as already described, and is of a relative type instead of as a sequel of inflammatory changes.

(To be continued)

Hospital Publicity and Preventive Work

CHARLOTTE A. AIKENS

(Continued from December)

MUCH consideration of this subject has led me to the conclusion that perhaps the first and best place to attack the problem of preventive work in hospitals is to study methods which are now carried on successfully by other agencies and see how they may be adapted to the hospital of the local community. Health clubs and classes, instruction by demonstrations and practical talks to larger school girls on simple methods of home nursing, and the hygienic care of babies, are possible in every city. Infants' summer hospital work might properly be adopted as a form of extension work by many hospitals in larger cities. A significant incident occurred a couple of years ago in Kalamazoo, Mich., a city of about 50,000 population. It began with the people themselves—began by several young women asking if they might be permitted to attend some of the nurse's lectures, as they wished a better knowledge of how to preserve their health. The superintendent of the hospital talked things over with them and the result was that a class was formed especially to give these people the information they wanted, the hospital being the meeting place and general center. They were willing to pay for the lectures, and the money went into the nurse's training school fund. A course of forty lectures, covering elementary bacteriology, social hygiene, first aid, feeding of children, home sanitation, nervous and mental diseases and practical home nursing was arranged by the superintendent, the lecturers being selected because of some special study or experience along some line.

If such work is not started or encouraged by the local hospitals in small cities it is not likely to be started and carried on by any other organization. Is it needed? Is it worth while? If so, let us try to begin to do it.

When it comes to methods of using hospital publicity to promote social welfare we have our choice of several, and in most communities a variety of publicity methods may be used to advantage. First I would mention the press, daily and weekly. Before discussing this point further I would emphasize the desirability of every hospital having a press agent—some one duly appointed and authorized to keep the local press informed as to hospital progress and also to contribute at regular intervals, short, crisp articles, emphasizing some one phase of some common health problem. We have all had our experience with sensational reporters and reports in the daily press—especially when some misadventure had occurred in connection with the hospital. But even so we must all agree with Mark Twain when he remarked that "the public press has its faults, but you cannot waken a nation that is asleep or dead without it." The time has gone by when a hospital can fulfill its highest mission to the community by assuming a passive attitude toward the local press—handing out material when a reporter happens to be in want of copy and asks for something from the hospital to fill up, and otherwise maintaining a dignified silence. Let us once and for all admit the power of the press and use it in every way that we legitimately can to promote the public good.

Two lines of publicity effort which seem to be especially worthy of mention in this connection are seen in the child welfare exhibits which have been held in New York, Chicago and other cities, and the same idea has been carried out on missionary lines in what has been known as "the world in Boston," and when the missionary conditions and methods of dealing with them were brought most vividly to thousands of

the people of a city. A health exhibit along the same lines would prove as interesting as either of these efforts, but in every county advantage might be taken of the annual fairs and exhibitions which draw to the city large numbers of the population. Some tuberculosis and orthopedic hospitals are finding in the state and county fairs an excellent chance to bring before the people important health facts and the plan is certainly worthy of extension. Scientists tell us that 80 per cent. of the knowledge that comes to us comes through the eye. We are all a good deal like the man from Missouri who became famous—we want to be shown—and the county or state fair affords an opportunity for health officers and hospital workers to teach some sadly needed lessons along health lines. To be sure, it takes some labor and involves some expense and direct returns are hard to tabulate in our annual report, but if we admit that preventive work is a part of the duty we owe to the community we will lose no such good opportunity of doing preventive work in this way. Here, again, the public health officers and hospital workers should unite forces in utilizing these opportunities. I do not mean that you shall simply send a set of specimens in glass jars, a few charts, perhaps, and some pictures of hospital wards appropriately placarded though these are good as far as they go. What I do mean is that the local hospital might very properly send one or more human representatives of our work, who would have charge of an attractive and practical exhibit, who would distribute leaflets and literature carefully prepared along definite lines, who would answer questions and who would at some stated time every day give a demonstration of hospital methods which can be adapted for home use.

A few years ago I was asked by the editor of a well-known agricultural paper to visit the Michigan State Fair, and write it up from a woman's standpoint. I had not gone far in my meanderings around, before

a representative of the agricultural college presented me with a good-sized pamphlet—several of them, indeed—dealing with the San José scale, with grape rot, potato blight and various other ills which afflict the vegetable kingdom, but nowhere did I meet any one who seemed in the least concerned that I should be supplied with information regarding how to avoid any of the numerous ills which blight men, women and children; nowhere was there any evidence that anybody thought the farmer himself, or the citizen or his children who visited the fair, might be threatened with any ailment, or that it was as important that he should be supplied with information about how to promote and guard the health of his family as that he should know how to recognize and deal with the San José scale. Another thing that impressed me was that wherever some practical demonstration was in progress there was certain to be a crowd collected in a short time to watch it. In one place a man was slicing cabbage, another was showing off a fountain pen, another had a brush for rubbing or scratching backs, and another, with an eloquence worthy of a larger subject, was extolling the virtues of a jackknife. It made no difference what the practical demonstration was, wherever somebody was doing some practical thing there was sure to be a crowd. It is one of the strong instincts of human nature that we like to see things in operation; therefore, I would place special emphasis on practical useful demonstrations for educational purposes.

The importance of having some one in such places who can give oral instruction in an interesting manner needs special emphasis. At winter fairs, instructive lectures are delivered in many places, and the effort is certainly appreciated. It is clear that people are hungry for more than they are getting along these lines. All this may seem far from the function of a modern hospital, and it is far from the practices of most of them. But just as soon as the modern hospital

realizes that its duty is not only to take in the man injured on the Jericho road and care for him, but that knowing of the dangers on that road, through the injured man's experience, it has a duty in warning others of the danger, in making that road safe for the innocent and unwary to travel. Just as soon as it accepts preventive work as one of its functions it will find opportunities for service wherever such gatherings of people are held.

The value of practical leaflets in any educational campaign needs no special emphasis. The extent to which these have been utilized in the tuberculosis campaign and in the campaign against infant mortality—sometimes being issued in a half-dozen different languages—suggests the question why are they not utilized in connection with other preventable diseases? I presume few, if any, patients leave a tuberculosis sanitarium without receiving printed information as to what further they are to do if they would be saved, and the general hygienic rules which others should observe if they would escape the disease. If such printed information is a good thing for a tuberculosis patient, if printed rules about how to keep the baby well are good things to give mothers before the baby becomes sick, is there any reason why the same methods would not hold good in other diseases? Why, for instance, a man who had had typhoid fever or pneumonia and recovered, might not be supplied with some printed slips which might help to prevent some other person becoming sick? Is there any reason why every hospital might not carry on his educational work by means of leaflets every day in the year, making every letter which went out a medium for dissemination of practical information in regard to health. This is only using ordinary business sense in regard to our work. The telephone company in the city in which I live sends bills every month, and just as regularly as the bill comes, there comes with it a leaflet of

some kind containing telephone information. The same is true of the gas bills. Why might not the same thing be done in a hospital? I would have those leaflets as concise and practical as they could be made and on the back of each one I would have a statement of the work the local hospital is doing, those who are eligible for its benefits, and a concise statement as to its needs. The state which considers the health of its citizens as an asset might very properly have such leaflets prepared in variety and quantity, leaving the last, or cover pages blank or nearly so—for local hospital publicity purposes.

The cost of a health propaganda by the local hospital, which is already burdened in trying to make ends meet, may suggest itself as a reason why it should not be undertaken. Everything in this world which is worth anything costs something in personal sacrifice and money. Yet I am confident that the initial expenditure will come back to us tenfold before many years, if the propaganda is carried along on right lines. Probably all of us at some time have wished that the local hospital which serves our city and county might mean more in the lives of the rural people and the dwellers in the small towns and villages. In such places there are hundreds of people who need hospital help for ailments or defects which might easily be remedied. They need the knowledge of how to apply hygienic principles in everyday life that the hospital could easily give them—but somehow there is a great gap between, and most hospitals fail to establish any sort of relationship with the people in the territory which we are supposed to serve. In return the rural people have the food supplies in abundance which every hospital needs, and which might flow into hospital storehouses in greater abundance if we knew each other better. Some time ago I was talking with a wide-awake superintendent of a church hospital in the West. She told me that a representative of

their hospital had visited every town, village and rural community in their state—that they had so cultivated their field that she knew what to expect each year from every point in the state which they had visited. They had their hospital committee in every church of their denomination, and that committee was responsible for sending in at stated times and seasons, crates of eggs, crates of live chickens, barrels of canned fruit, vegetables and food supplies of that kind. I cannot see why a local small hospital, serving a county or small city, could not use something of the same methods. It is a question of organization first, and of having some special reason for going to them—something to offer them beyond a hospital bed and care which they hope they will never need.

Once a hospital decides that it has a function to promote health by trying to keep people from getting sick, just as fully as it has a function to restore them after they have been stricken, once it has appointed a strong representative committee to conduct a health propaganda, and that committee has decided on a definite program, the difficulties which loom up in the distance will vanish as we approach. The needs of each local community would need to be carefully considered, and the methods of meeting them. The method used in preventive work by Mount Sinai Hospital, New York, would probably not fit the city of Stratford or London or Brantford or Goderich. But as soon as we decide to break away from our hidebound traditions regarding the function of the modern hospital, the method of procedure will be revealed step by step.

The evolution of the health work in relation to the reduction of infant mortality in a large city is interesting in this connection. At first the method used was in putting a corps of doctors and nurses in the congested districts of the city during July and August. That was good, but experience soon showed that a baby who had been neglected and

improperly fed before the hot weather came was an easy prey to summer dangers. Then it was decided to begin the preventive work in April, so that the nurses might get the babies who were possible patients located, and the mother warned of hot weather dangers to her baby. That move proved helpful, but after a period of trial, it was decided that the time to start to train a mother in how to keep her baby well, was when the child was born—not after he had had a bad start and had suffered from the results of superstition, ignorance, or neglect. What was found to be true in this case will be found true in most other diseases. When typhoid fever cases become more numerous than usual, there is a spasmodic effort put forth to teach people how to prevent it, but there is no general sustained effort to the end that typhoid may be altogether eradicated. The same is true of a score of other preventable diseases. Hospitals for the insane are overcrowded with victims of mental diseases, and we admit them with an almost fatalistic attitude. Yet how much do the people in the homes from which such victims come know about the causes of mental diseases, and what may be done to prevent their occurrence.

One other phase of this subject and I shall close. Many of our hospitals carry on a miserable hand-to-mouth existence—always facing the possibilities of an annual deficit, often with an equipment which is far from being adequate, and occasionally carrying a burden of debt which is a heavy weight, opposing progress. The question might properly be asked: Are such institutions justified in attempting a campaign in regard to social welfare in their own communities? I want to say that I believe it is in the power of any hospital in any community to rid itself of the burden of debt and provide proper equipment if proper business methods—proper publicity methods—are employed. I have watched with a great deal of interest for the last year or two the

short term or whirlwind campaigns which have been carried on in different places for the benefit of hospitals. I have seen how by proper organization of existing forces, by proper methods of publicity, a feeble struggling institution, relieved inside of two weeks of its burden of debts and a substantial sum accumulated for needed improvements and endowment. In Wheeling a new city hospital was needed. The sum of \$250,000 was fixed as necessary for the project. In twelve days the entire amount was raised on subscriptions payable in two years, and in addition, \$12,805. In Plainfield, N. J., \$90,000 was asked for to clear off the debt on the hospital, add to it a pathological laboratory, children's department and other needed extensions and improvements. Four days before the time fixed for the campaign to run, the \$90,000 mark was passed. The figure then was fixed at the \$125,000 mark. At the end of the twelve-day campaign \$132,176 had been subscribed and upwards of six thousand persons and firms had shared the burden by subscribing to the fund. In Syracuse, the boards of three hospitals agreed to enter a similar campaign together to clear off the indebtedness on the three institutions and make some improvements. I have not heard the result of the campaign, but should be surprised if I heard it had not been a success.

I wish I had time to dwell on other methods of publicity and their relation to social welfare. I wish I could properly emphasize the value of hospital photography and the necessity of studying how the camera may be used to advance social welfare. This point was discussed in the articles on Hospital Publicity previously mentioned as appearing in *THE TRAINED NURSE AND HOSPITAL REVIEW* last year. Suffice it to say that there is more in hospital photography than most of us realize. Let us study how to use the picture most effectively. It appeals to all classes and speaks in every language. Study how you may share some of

the human interest which makes life in the hospital endurable and fascinating, with those who may assist in the burdens you are carrying. I cannot do better than commend you to the annual report of the Hospital for Sick Children in this city, as an example of how the camera may be used to help the hospital. The story of a successful case accompanied by a photograph, or the appealing face of a child you have helped, will draw to you friends and dollars for social welfare work, when dry pages of statistics on which you have spent weary hours will promptly find their way to the waste basket.

Long years ago it was said that "Where there is no vision the people perish." It is as true today as then. May it not be true that because as hospital workers we have had no clear vision of preventive work, people are perishing today in hundreds of scattered communities throughout this country? In this fragmentary presentation of this topic, I have tried first of all to give a vision of things which are possible in average communities. I do not expect you all to agree with me. I may not agree with myself next year. All I ask is that you seriously consider whether we have any responsibility for preventive work, and if so, how such work may be best carried on in your own community. If I have given to any one the vision which has for years been taking shape in my own mind, if I have made even a few of you want to go home and begin to dig for the foundations for a constructive work along preventive lines in your own city, my coming will not have been in vain.

Finally, let us remember that if hospital work is to make real progress, there must always be those who hold themselves ready to branch out to make new paths, to investigate, experiment, to lead the way in which others will follow. Let us not be afraid of attempting the unusual thing, if by so doing we can lessen the sum of human suffering.

The Child "Who Takes Cold Easily"

AN ABSTRACT

EVERY nurse in private or visiting nursing, or in school work encounters frequently the child who "snuffles" and coughs persistently, especially during cold weather. He gets over one cold only to develop another. In time a condition of chronic bronchitis develops.

While the nurse may not prescribe medicinal treatment for such cases, she is very often called on to prescribe hygienic treatment and without good hygienic conditions, little permanent improvement can be expected.

In an article in *Pediatrics*, Dr. John Hall of London, England, offers suggestions along this line which are well worth noting. His advice in part is as follows:

"Whatever may be said in favor of treating medically slight enlargements of the tonsils and early cases of adenoids, it is a waste of valuable time to attempt to cure them by this means when they are of long standing. Nothing except surgical interference will do any good and it is to be noted that the efficient after-treatment is even more essential than the actual operation. Objection has been taken in some quarters to operative interference in tuberculous cases, but many, on the other hand, believe that in such cases this treatment is even more urgent. Mouth breathing in any case is a direct menace to the child's health, and in the tuberculous will tend to aggravate the constitutional condition. It should be mentioned that nasal obstruction, from whatever cause, should be at once treated. As soon as possible after the operation the child should begin to carry out respiratory exercises, which must be regularly and conscientiously done for many months, perhaps for a year or more. The aim and purpose of these exercises are to re-establish

breathing through the nose, and after, it may be, years of mouth-breathing this is not easily accomplished. The earnest and intelligent co-operation of the parents is necessary, and much patience, tact, and sometimes firmness are called for. The doing of the exercises must be supervised by some competent person, because exercises not properly performed are of little value. The following four simple exercises are excellent, and will satisfy the requirements of most cases:—

(1) Breathe deeply and slowly in and out through the nose with the mouth closely shut.

(2) Breathe deeply in and out with the mouth closely shut, and one nostril closed by pressing on it with the finger.

(3) The same exercises, but with the opposite nostril closed.

(4) With arms held above the head, breathe deeply in through the nose with the mouth shut, and out through the mouth wide open.

"These exercises should be carried out ten or fifteen minutes twice or thrice daily, but care should be taken not to tire the child. More elaborate breathing exercises have been devised, an account of some of which will be found in the *British Medical Journal*, February 11th, 1905, while any who desire further to study the subject will find the matter fully discussed in special books.

"*Diet.*—The child's dietetic regime should be carefully investigated, and in necessary cases a suitable dietary should be drawn up. The fault may lie in habitual overfeeding or it may lie in wrong feeding. All cases will be benefited by a modified diet, and in cases secondary to chronic indigestion it is imperative that the modified diet should be strictly enforced. In general terms the re-

duction of the carbohydrate intake and the interdiction of sweet things are the important factors in modifying the diet. I have been in the habit of prescribing a diet similar to that advised by Dr. Robert Hutchison in chronic dyspepsia in children. The following should be avoided:—Starchy puddings, such as rice, sago, tapioca, arrowroot and cornflower, sweets, sweet cakes, sweet fruits, jam, honey, marmalade, potatoes, turnips, carrots, etc. The diet should consist chiefly of stale bread, dry toast with butter or dripping, eggs in any form, beef, mutton, fish, chicken, bacon, tongue, green vegetables in moderation, custard, plain puddings, stewed prunes and figs, etc. The child should be trained to eat only at meal times and should not be given anything between meals. Tea, coffee, and stimulants should be prohibited. In the absence of definite gastric symptoms I relax the restrictions somewhat, allowing more carbohydrate food, and a little weak tea, but forbidding sweet things as far as possible.

“General hygienic measures are of primary importance. These children should not be treated in bed or even in the house, otherwise their apparent delicacy of constitution will become exaggerated. They should be in the open air as much as possible and should take full advantage of our limited sunshine. The rooms which they inhabit should have good ventilation, and the window in the sleeping apartment should be kept open night and day. The clothing should be of such material as to afford sufficient warmth without being too heavy. Outdoor sports, in the absence of any cardiac disability, are to be recommended. Cold sponging is invaluable; for the first few times it may be advisable to employ

tepid water, but cold water should be used as soon as possible and will be found most invigorating. Sea-bathing is also good, but is contra-indicated if not followed by a healthy reaction. A change of residence is often beneficial, and the child should be sent to the seaside or country if his home happens to be in a town or city. It is a curious anomaly that a few of the asthmatical cases may be better in the town than in the country.”

* * * *

In concluding the subject let me make a few remarks regarding the prognosis. This may be said to be favorable, inasmuch as the condition is not dangerous to life in the great majority of cases. Even in the tuberculous cases there is no likelihood of an early fatal termination. The tuberculous process is, I am convinced, of a very chronic nature, and, unless the child's constitution has been much undermined, there is no reason to anticipate a more acute process. In the ordinary non-tuberculous cases one may say that a cure will eventually take place.

Time and patience are required, and too much must not be at once expected. After the removal of enlarged tonsils and adenoids it would be foolish to tell the parents that an immediate cure will result. This has not been my experience. Nor is it advisable to promise a permanent cure, because in a few cases adenoids and tonsils may grow again, even although the operation has been properly done. As a general rule, the symptoms will gradually disappear and in time a cure will be effected. One or two cases may resist all treatment, but these, I believe, undergo spontaneous cure at or shortly after puberty.

Dainty Meals for Convalescing Patients

HENRIETTA HAZELTINE

FREQUENTLY it occurs that the trained nurse is obliged to arrange and superintend the menus for her convalescing patient, for the reason that there is no one else in the family competent to undertake the duty. Particularly this is so when the wife and housekeeper chances to be the sick one.

The following menus are offered as suggestions. They have been evolved from practical experience in nursing many critical cases.

Serve all food in pretty dishes, as far as lies in your power. Always have doylies and napkins spotless. Trifles, these, to those who are well, but big helps to the sick one. Never leave any food in the sick-room after a meal, no matter what it may be.

In the matter of drinks between meals, consult the attending physician. I nursed, successfully, a very critical case of typhoid where ginger ale, bottled soda waters, orange phosphate, etc., were freely given, in small quantities, when desired. It is well, generally, to add a teaspoonful of lime water to each glass of fresh milk. The patient will not detect its presence.

There are ailments when the patient can neither digest eggs nor unboiled milk properly. In that case, leave eggs entirely out of the bill of fare, and give boiled milk.

Be chary in using much sugar, salt or pepper to season. The throat is peculiarly sensitive when one is ill, and the stomach is easily nauseated. Even the customary amount of sweetness or saltiness in the food is apt to be a trifle distasteful. Pepper I use sparingly, if at all. Paprika is milder and will give a pleasant tang when black or white pepper brings tears to the patient's eyes.

If nourishment is required during the night a very acceptable and easily digested

drink is made from the prepared extracts of beef. There are various other preparations on the market which are most palatable, and require merely a cup of hot or boiling water to dissolve.

In cooking cereals for a patient, never prepare more than is needed for the coming meal.

Instead of the two-part double steamer, I prefer to cook the cereal in a large, strong cup placed in water in the bottom of the double saucepan or steamer, with a space of an inch or more between the top of the cup and the tightly covered lid. The steam aids in cooking the cereal and keeping it soft on top. The cup is easily and quickly washed; also, there is no danger of any food sticking. A small amount of custard may be cooked with good results in the same manner.

Be particularly careful of any canned food put up in tins. Personally, I prefer to eliminate all tinned goods from my patient's bill of fare, but there are times when one has no choice. However, make sure that the canned food is in the best possible condition.

7 A.M.—Coffee cup of cocoa.

10.30 A.M.—Eggnog.

12 M.—Chicken broth, thickened with tapioca or rolled oats.

2.30 P.M.—One tablespoonful of malted milk, with or dissolved in one small glassful of milk.

5 P.M.—One large cupful of clam broth.

7.30 P.M.—Lemonade glassful of grape juice, and two tablespoonfuls of wine or orange jelly.

10 P.M.—Cupful of hot "cambric tea" (hot milk and water, sweetened, if desired.)

7 A.M.—Coffee cup cocoa.

10.30 A.M.—Milk shake.

12 M.—One cupful of strained vegetable

- soup, to which has been added one small cupful of strong beef-tea.
- 2.30 P.M.—Junket, with a little cold milk.
- 5 P.M.—Cup and a half of chicken broth, slightly thickened, to which has been added three or four tablespoonfuls of strained tomato juice.
- 7.30 P.M.—Eggnog.
- 10 P.M.—Cambric tea or hot milk.
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- 7 A.M.—Coffee cup cocoa, coffee, tea or hot milk.
- 10.30 A.M.—Three tablespoonfuls of oatmeal pudding, with a little cream; a glass of milk.
- 12 M.—Two cupfuls of tomato bisque soup.
- 2.30 P.M.—One cupful of smooth custard, with the white of egg, well beaten, spread on top of custard and garnished with half a teaspoonful of bright-colored jelly.
- 5 P.M.—Clam broth, thickened with four or five fresh oyster crackers pounded into fine crumbs.
- 7 P.M.—Small mold of chicken jelly; lemonade glassful of grape juice.
- 10 P.M.—Cambric tea, hot milk or cocoa.
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- 7 A.M.—Coffee cup cocoa, coffee, tea, hot milk or beef tea.
- 10.30 A.M.—Prepared barley, thoroughly cooked, strained and served with a little cream. A glass of milk.
- 12 M.—One and one-half cupfuls of lamb or mutton soup, with tiny pieces of broken spaghetti to thicken.
- 2.30 P.M.—Snow pudding, with custard.
- 5 P.M.—Potato and celery soup, strained; one large cupful.
- 7.30 P.M.—Eggnog, or prepared raw egg.
- 10 P.M.—Cambric tea, hot milk or cocoa.
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- 10 A.M.—Glass of grape juice and four or five delicate crackers.
- 12 M.—Small cupful of broth. Broiled scraped beefsteak, two cakes, about the size each of a silver dollar, quickly cooked and seasoned lightly. One tablespoonful of mashed potato, beaten to a cream and entirely freed from lumps. Half a small slice of thin bread and butter. Baked apple.
- 3 P.M.—Orange, wine or lemon jelly. Three or four crackers heated in brisk oven and lightly spread with butter, the clear part of marmalade, or other jelly.
- 6 P.M.—Boiled farina, Cream of Wheat, flaked rice, or similar cereal, served with cream (not too rich) and sugar. One slice of buttered whole wheat bread. Tea, cocoa or milk.
- 9 to 10 P.M.—When patient retires, glass of hot milk or malted milk.
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- 7 to 8 A.M.—Boiled oatmeal or rolled oats with milk or thin cream. Poached egg (cooked according to directions) on thin buttered toast softened with hot milk. Coffee, cocoa or warm milk.
- 10 A.M.—Six medium-sized raw oysters. One thin slice, crusts removed, of whole wheat or graham bread, lightly buttered.
- 12 M.—Small bowl of clear tomato soup. Two tablespoonfuls of creamed minced chicken. Boiled or baked rice pudding.
- 3 P.M.—One sweet orange, carefully prepared. Four or five small biscuits or crackers.
- 6 P.M.—Boiled tapioca, farina, or prepared barley, with cream and sugar. Three toasted and buttered crackers. Weak tea or cocoa.
- 9 to 10 P.M.—At bedtime, cup of thin oyster broth, hot milk or malted milk.
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WHEN THE PATIENT IS ABLE TO EAT A LITTLE SOLID FOOD

- 7 to 8 A.M.—Two thin slices of creamed toast. Soft boiled egg. Coffee, cocoa or warm milk.
- 7 to 8 A.M.—Graham mush with milk or thin cream, and a very little sugar. Baked egg, with two corn-meal muffins, toasted

and buttered, all hard crusts removed.
Cocoa, coffee or warm milk.

10 A.M.—Boiled custard, served in a cup, a little grated nutmeg on top. A few small biscuits or crackers.

12 M.—Strained vegetable soup. Scraped mutton chop, broiled and slightly seasoned with salt and a little butter. Three tablespoonfuls of stewed tomato. Tapioca custard. Half glass of milk.

3 P.M.—A small amount of macaroni or spaghetti salad on a lettuce leaf, and three or four graham or oatmeal wafers.

6 P.M.—Boiled sago with cream and sugar. One slice of buttered toast, cut into finger lengths. Cocoa or milk.

9 to 10 P.M.—When patient is ready for the night, cup of beef-tea or glass of hot milk.

7 to 8 A.M.—One shredded wheat biscuit (warm in oven, open and pour over enough hot milk to soak biscuit) served with cream and sugar (if liked). Baked chicken mince, one slice toasted brown bread, crusts removed. Coffee, cocoa or hot milk.

10 A.M.—Grape jelly, made with bottled grape juice. Two slices of thin bread and butter, or four biscuit wafers.

12 M.—Small bowl of celery soup, six or eight creamed oysters, baked potato in its case. Chocolate blanc mange, made with gelatine.

3 P.M.—Two tablespoonfuls of ice cream, with three or four small sweet crackers or biscuits.

6 P.M.—Cup of veal broth, baked apple with cream and sugar, one rusk, day old, cut in thin slices, buttered or not, as preferred. Tea, cocoa or milk.

At bedtime, cup mutton broth, glass of milk or malted milk.

BREAKFAST—Saucer of granulated hominy (boil for an hour or more in equal parts of fresh milk and water), with thin

cream and sugar. Baked one-egg omelette, stale graham biscuit, toasted and buttered. Coffee, cocoa, milk.

10 A.M.—Tomato jelly, served on lettuce leaf, thin bread and butter.

12 M.—Small amount of potato soup. Minced beef or lamb, warmed for three minutes in good soup stock, served on hot plate with two triangles of toast on top. Two tablespoonfuls of boiled rice. Three stalks of asparagus. Gelatine Charlotte Russe.

3 P.M.—Tangerine jelly, sweet crackers, or three very plain cookies.

SUPPER—Oyster or clam stew, crackers. Two slices carefully made toast, buttered and dipped in hot milk. Apple sauce, or one canned or stewed peach. Cocoa.

BEDTIME—Hot milk or beef-tea, seasoned with vegetables and strained.

WHEN A NON-LAXATIVE DIET IS REQUIRED

Use liquids sparingly. Rice-water, cooled, is a good drink. If milk is given, be certain to boil it, and it may be taken either hot or cold. Do not let it stand over twelve hours.

FOR BREAKFAST—Arrowroot, boiled for half an hour in equal parts of milk and water. Serve with boiled milk and a little sugar. Rice-water to drink, or, if patient is an adult, small cup of weak tea.

DINNER—Rice boiled in water, milk and sugar used sparingly with it. Toast browned in the oven.

SUPPER—Rice flour porridge. Toasted water biscuit or wafers. Weak tea, or small amount of boiled milk.

BREAKFAST—Parched rice, with boiled milk.

DINNER—Corn-starch pudding with boiled milk. Thin toast with a scraping of the juice of blackberry or black currant preserves. Rice-water to drink.

SUPPER—Rice jelly. Toasted soda crackers.

An Experience With a Case of Eclampsia

LILLIAN HENNINGER

ON JUNE 21ST I started for a day's visit in the country, with friends living eight miles South of V—, the little city in which I am located as nurse. We arrived at 11 A.M., and I was feeling so happy and free from the cares of the sickroom, when the telephone rang and I was called. Upon answering I was asked to hasten to a sick woman five miles north of the place we were visiting. As it was a former patient I could not refuse the call.

How disappointed I was to go and leave the bountiful, country dinner just ready—but being a nurse, I was accustomed to putting self in back-ground, so in spite of the pleadings of my friends to eat my dinner first I hurried away to duty. On my way, however, I ate the lunch my friends had prepared for me and it was fortunate they had, for I did not find time to eat another bite until nine o'clock at night. It was a very warm day and we could not drive very fast on account of the horse but I arrived at the home of my patient at 12.45.

I had telephoned before leaving for my suit case (which I always keep in readiness) to be sent out, and it was there when I arrived, so by one o'clock I was dressed in uniform and ready for duty. It proved to be a case of eclampsia, and the worst I ever saw. I had been engaged only two days previous, to care for the patient the latter part of July.

When the mother engaged me, she told me of the patient bloating so that she had to wear her husband's house shoes; I urged her to take a specimen of urine to the physician who had charge of her case, but he had gone to the West for a month and had left her in the care of another physician and she had put off consulting him because he was a young man. Nevertheless after my talk she sent in a bottle of urine, but it

was then too late, as a quantity of albumen was found.

My patient was twenty-one years old and a multipara—her other child a little over seventeen months old. She had slight trouble with bladder at that time. When I arrived the physician was there and my patient had had two convulsions. Her face was badly bloated, eyes swollen until shut—she complained of headache and for several days, had suffered from flashes of light before her eyes, dropsy of hands and feet, also external genital organs—and sacs of water had formed in bursted skin over abdomen. Although she had been restless and sleepless previously, was very sleepy that morning. She arose and dressed as usual, to attend to her household duties against the wishes of her mother and husband and had made biscuits for breakfast when she said she was sleepy and had to lie down.

She urged her husband to go on to his work in the field, but the mother became alarmed a short time later and sent for the physician, husband and myself. In just a short time she had the convulsions. We gave her two hypodermics of morphine and strychnia in three hours time.

She had another convulsion at 3 P.M. which lasted five minutes. She had a pulse of high tension, 120 and above at times. Was vomiting and at times very stupid. She had not urinated since the night before and had noticed scantiness of urine several days previous. Had slight diarrhea in early morning. Certainly every symptom of uræmic poisoning.

A specialist was called in consultation and at five o'clock everything was in readiness for the operation as forcible delivery was necessary. About fifteen minutes before putting her on the table we gave her

an enema of chloral and bromide potash, 30 grains each. Patient seemed conscious on the table and as the labor pains came on she was able to help herself quite a little, but finally gave chloroform to relax her. A very small baby was delivered. One of the doctors worked hard one-half hour to resuscitate the child, but all in vain. Placenta all came away nicely. Did not give chloral and bromide after the labor as she seemed to be doing well, but about an hour after she had a convulsion and we used a dose by enema, and in four hours repeated dose, and at close of next four hours gave her one-half dose, and that was the last she needed as she had no more convulsions.

To lessen the rapidity of heart beat veratrum 15 m. dose was given every two hours until pulse was lessened to 74. Patient suffered with after pains, during the night, and until the close of second day. She slept well at intervals. During the first twelve hours she drank two quarts of cream of tartar and lemon water (medicated cream of tartar), and this seemed to act wonderfully upon the kidneys.

While she was on the table she was catheterized and 4 ounces of urine obtained. It was found to be almost solid albumen. This water was given her all night and at 6 A.M. next day I catheterized her and was able to get 18 ounces of urine. She also had taken four cathartic tablets during the night and by twelve o'clock noon was beginning to pass watery movements, and had voluntarily passed forty-four ounces of urine, all told; we then dropped to a quart a day of water drinking.

Her temperature ranged from 99% to 100% on the third day. It went down gradually each day until it was normal at the close of the sixth day. Her pulse never higher than

70 after first day. Doctor gave her a good tonic from third day and her appetite was good, of course she had light diet until seventh day, we then gave her heartier diet, but no meats. I never saw edema leave the tissues as fast as it did with this patient, after the third day she looked like a normal case after confinement—she was able to sit up in chair the tenth day. We obtained such good results from the cream of tartar water that I will tell how I prepared it for the benefit of new nurses who know nothing of its value, and will state here that this is good to give a patient after confinement when she has to be catheterized so long. I have tried it and find it a great help, as it is always running a certain risk no matter what precaution we use, to catheterize at this time. I take a quart of boiling water, add to it one heaping tablespoon of cream of tartar, one tablespoon of sugar and the juice of one lemon—let all come to a boil, strain and set aside to cool. It is good hot and where a hot drink is needed is beneficial, but some prefer it cold and it can be given that way. My patient drank this for two weeks as needed and if urine slackened in quantity we gave it freely until result was satisfactory.

This is only the second case of eclampsia I have cared for in private nursing, though obstetrics is my specialty, but as I am usually engaged three or four months ahead, in this way I have an opportunity to see that the patient places herself in the care of the physician she expects to have charge of the confinement, and of course competent physicians insist on having a specimen of urine to examine often during last months, especially if they find any trace of trouble and in this way avoid the horror of eclampsia—for I think doctors and nurses have a dread of this trouble.

The Indian Mission

THE RESERVE, SASKATCHEWAN.

Dear Belle:—Here is the promised story:

AROUND THE TEPEE.

“Can you do something for me?”

The speaker an Indian boy of seventeen, lay at full length upon the grass this morning in early June. Spring had come bringing glory and brightness in its train. The sun was shining in all its splendor. Nature was doing her utmost to diffuse happiness everywhere. Overhead, amongst the leafy branches birds were warbling sweet notes and underneath a carpet of velvet richness had been spread o’er all the land. Now and again the laughter of Indian children on their way to school reached this lad, sad, dejected and ill. Surely his thoughts were not in tune with his surroundings.

From the mission school, music pealed forth and children’s voices rose sweet and clear.

He who daily feeds the sparrows,
He who clothes the lilies bright,
More than birds and flowers holds thee
Precious in His sight.

It has been well said, that we are ever shedding an influence over the lives of others, consciously or unconsciously. How little the children dreamed this morning that their song was wafting a message from God to this boy lying almost concealed in the bluff.

More than birds or flowers holds thee
Precious in His sight.

The words were slowly repeated, then from his pocket came a book the Gospel according to St. Matthew in the language of the Cree Indians.

“Are not two sparrows sold for a farthing? And one of them shall not fall on the ground without your Father.

“Fear ye not therefore. Ye are of more value than many sparrows.”



HOME, SWEET HOME

“Well, Red Feather, what is the matter?”

The medicine woman had come upon the scene. She needed no reply, one glance was sufficient. The pale face, hollow cheeks, distressing cough—this “thief in the night” has ruthlessly robbed many a home of its loved ones throughout this fair land of ours. It comes to the palaces of the rich—to the shack of the homesteader—and it comes to the tepee of the Indian.

I have heard pathos in human speech before, but never did speech cut keener or closer than this of the Indian boy, as he looking up with intense earnestness in his large limpid brown eyes, asked the question with which our story opens.

The next moment the expression was one of hopelessness as he added: “All my people—cough—then come dead.”

Perhaps there passed before his mind’s eye a panoramic view of his father’s illness and death, and more recently that of his

only brother. Now perchance his turn had come.

"Yes, Red Feather, the Medicine Woman can and will do something for you. The Great Chief sent her here to do something for you and for your people."

A tent was pitched and this was the beginning of the Tent Hospital which has brought hope and cheer to many Red men.

A year has passed away since that June morning—Red Feather is wonderfully improved and is enjoying life as in the olden days.

Recently we had the joy of hearing him ratify the solemn promises made for him in infancy.

How fervently we prayed for Red Feather at the solemn moment—and later we heard his voice ring out:

O Jesus I have promised
To serve Thee to the end,
Be Thou forever near me,
My Master and my Friend.
I shall not fear the battle
If Thou art by my side
Nor wander from the pathway
If Thou wilt be my guide.

Away out in the wilds of Saskatchewan

on an Indian Reservation in the soft twilight of a summer evening a little group of Indians may be found before a tepee, forming an unbroken circle round the camp fire. Red Feather is amongst them. We know as we hear snatches of a well known song:

He who daily feeds the sparrows
He who clothes the lilies bright,
More than birds and flowers holds thee
Precious in His sight.

In the heart of this Indian boy the words ever find the hearty response:

"Father, I have found it true."

"Pray," saith the Master.
Have we prayed?
It needs more grace to pray
Than to give gold.
How can I pray? "My Lord,
Send laborers forth
Into Thy field"—and yet
Myself withhold?

Prayer hath its answer.
God is just.
And that the sad world witnesseth to-day.
So few the lips that tell
God's tale of love.
Few are the hearts that love.



AT FORT A LA CORNÉ

Cleanings From Medical Literature

Fever in the Newborn

In the *British Med. Jour.* E. Cautley states that roughly speaking sepsis is the cause of quite 50 per cent. of the cases of fever in the newborn. About 25 per cent. can be ascribed to gastro-enteric infection, but it is probable that many of these are really septic in origin and the alimentary affection is purely symptomatic. Various causes account for the remaining cases. One may leave out of consideration the occurrence of fever transmitted by the mother while suffering from some specific fever, malaria, or variety of sepsis. The malarial parasite may be present in the blood at birth, yet not cause fever until some days or weeks have elapsed. The sources of septic infection are numerous. It may be ante-natal, maternal, or congenital; natal, due to infected liquor amnii or vaginal secretions; or post-natal, due to dirty hands, scissors, ligatures, powders, dressings, bath water, sponges, flannels, etc. Often it is impossible to ascertain the portal or source of infection. Sepsis may occur, although apparently the strictest precautions have been taken throughout. Occasionally the evidence of infection by the mouth is fairly conclusive. Clinically there are various types of septic infection. There may be no symptoms except sudden collapse, rapid fall of temperature, and death—a type most common in premature infants. Often it simulates acute gastro-enteritis, with vomiting, diarrhea and high fever. In other cases, cerebral and meningeal symptoms or pneumonic conditions predominate. Or there is severe toxemia, with fever, grayish pallor and hemorrhages. Hemorrhage after the second day of life is almost always

septic. Many cases of hematemesis, melena, and adrenal apoplexy are of this type. Tetanus, hemorrhagic disease, and the affections named after Winckel and Buhl are also septic in origin. The chief affections of the navel giving rise to fever are omphalitis; gangrenous lymphangitis, probably a variety of erysipelas; umbilical ulcer, subnavel abscess, and gangrene; and erysipelas, usually localized at first and insidious in onset, but generally fatal. In these affections the fever begins at the end of the first or beginning of the second week of life, sometimes later.

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Drug Eruptions

A number of drugs in common use produce a characteristic eruption, and these should always have careful scrutiny by the physician lest they be mistaken as an original disease.

Here is a list of commonly used drugs which at times produce eruptions, itching, eczema and other manifestations.

Bromide of potassium: Papules, pustules, ulcers, echymoses and pemphigus.

Chloral: Erythema, itching, desquamation, eczema and petechia.

Copaiba and cubebs: Pemphigus, erythema and eczema.

Aconite: Vesicular exanthemata.

Arsenic: Erythema, papules, vesicles and sometimes pustules.

Iodide of potassium: About the same as arsenic, but more marked.

Mercury: Erythema and eczema.

Morphine: Erythema, papular eruption and sometimes desquamation.

Phosphorus: Purpura.

Quinine: Erythema, eczema, hemorrhagic

purpura, pemphigus and sometimes a typical urticaria with dyspnea.

Rhus toxicodendron: Vesicles, pruritus, redness and swelling of the skin.

Salicylic acid: Purpura, pemphigus and vesicular angina.

Santonin: Vesicles and pemphigus.

Belladonna, strychnine and stramonium may produce about the same dermal manifestations as quinine; while turpentine produces an eruption like that of copaiba.—*The Medical Standard*. ✦

Immigration and the Midwife Problem

I. S. Wile states that in order to appreciate the relation of immigration to midwifery it is necessary to ascertain how many midwives are admitted to this country. In order to protect the country from the unscrupulous midwife it is essential that a system of education, supervision and control be established throughout the various States of the Union. Only by education and legislation and by controlling the immigrant midwife will it be possible to prevent an increase of the dangers now attributed to midwifery among the constantly increasing immigrant population. The increase in midwives depends upon the increase of female immigration. The standards of midwifery in this country should be raised at least to the standards existent in the countries from which the immigrant midwife comes. By the further control of immigration and the securing of information relating to the educational, professional and legal status of midwives, it will be possible to place the midwife problem in an intelligent manner before the American public.—*Boston Med. and Sur. Journal*.

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Rest and Exercise in Phthisis

N. B. Burns states that one cannot overestimate the importance of rest as a remedy to stay the progress of tuberculosis at practically any stage of the disease. With an

even temperature of 100 plus, rest in bed is the only way to prevent the occurrence of still more troublesome symptoms. Any muscular or even increased mental activity at this time may cause further wasting of the body tissues, which, together with the action of the fever, produces the effect of "burning the candle at both ends." When a patient reaches convalescence the question of rest still deserves earnest consideration. In the sanatorium this matter is well arranged for his benefit by establishing rest periods, retiring and arising hours, and stated intervals for remaining at meals. The regularity of rest is thereby prescribed, and proves to be conducive to steady improvement. Then with the introduction of exercise the patient may, under such a routine system, gradually attain to five or six hours' active work daily without ill effect, and eventually be able to take up an outside occupation for eight or nine hours daily. ✦

Legal Aspects of Anesthesia

A. C. Vandiver states that, assuming that the administration of anesthesia is a part of the practice of medicine, it would seem that the Legislature of New York, in passing Section 206, providing that nothing in the act should be considered as conferring any authority to practice medicine, did not intend to grant to trained registered nurses any authority to exercise any of the functions of duly licensed physicians. In the opinion of the author anesthesia should be administered to patients only by registered physicians, and the consent of the patient in all instances should be obtained for the administration of the anesthesia. The delegation of the function of the administration of anesthesia to trained nurses should be deprecated and discouraged. The liability of the physician if negligent is fixed and certain. The negligence of his agent, registered physician or other person is imputable to the physician and renders him also primarily liable.—*N. Y. Med. Jour*.

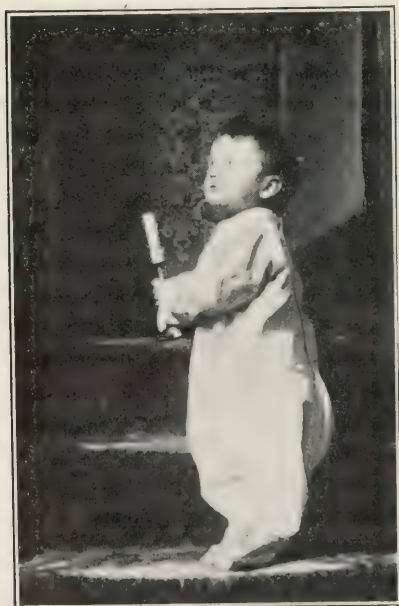
The Midnight Ride of Karl Jaspar

Now, listen, my relatives, far and near,
Of my perilous journey you shall hear;
It was on the morning of May o'nine,
The weather was far from being fine;
A fog had settled o'er valley and hill,
Everything but the old rooster was still.
The stork had started on Thursday night,
Expecting, of course, we should alight,
On Saturday, seeing I was a male,
(*Mamma's other boys did without fail*),
But you see, I'm a different kind of a kid,
So I stayed in the basket as I was bid,
But the basket was small, the fit was tight
The glare of the Comet was awfully bright.



I squeezed down into the basket in shame,
Not a stitch of clothing had I to my name,
I longed for a blanket soft and fine
And wanted the mamma that was going to be mine.
I struggled and kicked and tried to get free,
Then what do you think happened to me.

I landed on something hard and cold
All full of humps and shining as gold
I bounced and bumped and rolled around
So frightened I was I could not make a sound.
Then away I shot like the spout of a whale
On what proved to be a comet's tail.



Now, think of tobogganning, shoot-the-chutes,
The merry-go-round and loop-the-loops
All rolled into one are in the shade,
Compared with the steepness and swiftness of grade
With which I descended 'mid fog and mist
And landed safe—in the doctor's fist.
They called me a bruiser, a fine big boy,
And my father's heart leapt up with joy.
Now I've got my blanket, soft and fine,
My brother's crib is going to be mine,
My mamma hugs me to her breast,
And wonders if I'll be like the rest.

I'm red from my hair way down to my toes
I've big, big eyes and a bigger nose,
I've long, long fingers and a big fat fist,
And I tell you I'm *solid*, no old comet's mist.

—KARL JASPAR BRYANT,
With apologies to Longfellow.

Editorially Speaking

A New Year Message

"There is glory in doing right, and a joy in being true."

There is no New Year message which we could write which would be more suitable for our circle of readers at this time than this abstract from the pen of a well-known and well-loved writer, Annie L. Jack, who last year wrote what proved to be her last New Year message to the circle, whom she greeted each week in the columns of a great Canadian newspaper.

"My wish is that much happiness may be your portion, and that each day as it comes will bring you 'grace sufficient' for every trial, which is the choicest gift for this earth's pilgrimage. Such a message gives courage to the weak, and these heartfelt wishes will strengthen us on the journey of life, as we pass this milestone.

"One of the things we lack as we travel on, very often, is 'courage'—we are as much afraid as the man who buried his talent in the earth and hid his lord's money.

"We are afraid of public opinion, of private censure, of worldly loss through our convictions, and often of free inquiry.

"The remedy is to go deep into convictions, and cleave to them regardless of the superficial froth of public opinion.

"For a man can fight when he's right."

"To know surely what one believes and why, will stand against a crowd who think what other people think.

"The only faith that saves us is, that working by the love that casts out fear and the courage born of such a faith will overcome the world."

How Many Grades of Nurses?

We have had much to say on the question of the grading of nurses in the past few years. We shall hope to have the grace of persistence and keep hammering away on the question till some definite and authoritative plan is worked out.

In this issue of THE TRAINED NURSE AND HOSPITAL REVIEW we would call special attention to the article on this subject by Mrs. Fournier, and to the suggestions by Mr. F. W. Scott, Jr. While we may not agree with Mrs. Fournier's plans or Mr. Scott's suggestions in their entirety, we must agree that they are on the right lines. All must admit the sound reasoning embodied in Mrs. Fournier's paper. For instance, she asks: "Would it not be absurd to expect all our school teachers to be prepared to teach in our universities, before granting them a license to teach the primary grades of our public schools. It is just as absurd to try to train all our nurses to fill the highest places, when only a handful, comparatively speaking, are required at the top, as it would be to prepare all teachers to be professors, especially when so large an army of nurses are needed in our hospitals and sick rooms?"

Again she asks: "Would the university man or woman turn to the work of teaching if all teachers were in one grade? Assuredly they would not and we know it. And again: "In this country and Canada we issue all sorts of licenses to teachers, engineers, peddlers, barbers, draymen, etc. Why not to all those who nurse for hire?" What would we think of a system which licensed

the best-prepared teachers, the peddler with the best looking wagon, or the barber who had undertaken to prepare himself in some measure for his work, and let all the others who wanted to teach, or peddle, or barber, ply their trade as they chose without let or hindrance or supervision of any kind. Yet this is just what we are doing in the nursing field—licensing and supervising those who are best prepared, and letting any one else who cares to, enter the field without preparation, and charge what they please. If you do not agree with the plans presented what suggestions have you to make for the grading of nurses?



Who Is Responsible?

Hardly a week passes but reports come of accidents to patients from the action or neglect of nurses. The number of these occurrences reported is doubtless but a small part of those which take place. One begins to search for a reason, to wonder whether they are unavoidable, or, if avoidable, who is primarily responsible for them. Accidents with drugs are among the most common, and no doubt every hospital superintendent could furnish us with a considerable list of those which have occurred in his own institution. The story of most of these accidents suggests carelessness, and in many instances it seems to amount to criminal carelessness. From time to time we have endeavored to get some light on the subject from hospital authorities, and in the comment which follows we present the views of one who has been prominent in hospital work for many years, and whose experience makes her well qualified to speak on the subject. She says:

"We may put it down in the beginning that a certain proportion of accidents are due to the American spirit of taking chances. We do not, as a nation, insist upon a sure thing. We do not mind taking a few risks, either with property or life. This permeating spirit of the times is responsible for most

accidents outside of hospitals, but it seems as though hospital executives, whose chief care is to conserve life, should feel a keener responsibility concerning those under their care. Must we not call it taking a criminal risk when we care for a delirious patient on general duty, take in more patients than our nursing force will warrant, put young and inexperienced nurses on night duty, or allow nurses to handle poisons of whose nature they know nothing? Most of us all are doing one or all of these things much of the time, knowing the chances that we take, but trusting to luck that nothing will happen. When something does happen we send the nurse away in disgrace, and hush the matter up, if we can, insisting that it was an unavoidable accident. Are we telling the truth when we do this?

"A specimen case may serve to illustrate. A nurse on night duty, measuring out the morning medicines, mistook pure carbolic for a solution of Epsom salts, gave one dose to a patient, who died promptly from its effects, a second dose to a patient who was barely saved, and offered a third dose to a patient who recognized and refused it. Which of us will not immediately put the whole thing down to gross carelessness on the part of the nurse?

"Listen a moment to the facts of the case. (a) The nurse had been in training four months only, and until three days before the accident had done chiefly bedmaking and dusting. She had never given medicines nor been taught anything about them. (b) She did not know what carbolic acid looked like, except that it was a colorless liquid. (c) She had at the time of the accident entire charge for twelve hours out of the twenty-four of *forty* patients. (d) She had only a candle by which to get out the medicines, as the electric lights were not on at that hour. (e) The Epsom salts and the pure carbolic were kept upon the same shelf and in exactly the same sort of bottles.

"Who was to blame for this nurse's *care-*

lessness? The hospital which had asked her to attempt to care for forty patients. Who was to blame for her ignorance? The hospital which sent her untaught to dispense medicines from a full drug closet. Whose fault was it that she got the wrong bottle? The hospital which did not furnish sufficient light and which allowed deadly poisons to be put into similar bottles and set alongside harmless drugs.

"This nurse was arraigned in court, charged with manslaughter. Was it she who was guilty of manslaughter, or was it the superintendent who had planned her work and failed to prepare her for it? Was it she or the board of directors who allowed such conditions to be maintained in the hospital?

"A nurse, when asked for alcohol, poured pure carbolic over a doctor's hands. The reason for her mistake was that she was being hurried, and that the carbolic and alcohol were kept in similar bottles. A nurse used bichloride solution 1-1000 in place of boric for a bladder irrigation. Another nurse used the same to drop into a baby's eyes. In each instance the bottles containing boric and bichloride were kept side by side, were exactly alike and could be distinguished only by the labels. One would think that coloring matter was cheaper than accidents. In one of the above instances a young nurse had been allowed to put fresh labels on the bottles and had confused them.

"If you go to the bottom of most accidents with medicines you will find that more often than not the nurse who makes the mistake is the victim (I use the term deliberately) of a system, or lack of system, which permits the continued existence of conditions known to be extremely risky. Go over the cases which you personally know, and if you have taken the trouble to find out the whole truth, you will see that in nearly every instance the nurse was doing something of which she knew little or nothing,

that she was hurrying because overworked, or that unsafe methods were being used. In almost no case do you find that the nurse was habitually careless or unthoughtful of her patients' welfare. In most instances you do find that the hospital officials were habitually careless and unthoughtful of existing conditions.

"In how many hospitals are delirious patients never left alone? In how many hospitals have night nurses fewer than fifteen patients to care for? In how many hospitals are poisons absolutely safeguarded? In how many hospitals are nurses taught the properties and dosage of drugs before they are allowed to handle them?

"What is the remedy for nurses' "carelessness"? That hospital officials should wake up. That they should cease to blame untaught nurses for things which they should have been taught. That they should cease to maintain slipshod and risky methods and conditions."



What Nurse Registration Has Done

THE TRAINED NURSE AND HOSPITAL REVIEW has again and again pointed out the lamentable failure of the New York State Nurse Registration law to accomplish any real regulation of the nursing field. Our attitude on this subject has caused "our friends the enemy" to accuse us of misrepresentation, and they have endeavored to create the impression that we are opposed to the registration of nurses. It therefore gives us much satisfaction to present to our readers some facts and figures which certainly bear out our previous statements and which show most conclusively what the present system of State registration has done for the nurses of New York State.

At the eleventh annual meeting of the New York State Nurses' Association held in Utica, October 16 and 17, 1912, Miss Anna Goodrich, inspector of training schools, gave the following statistics. In speaking of those who should be allowed to practice as

nurses, Miss Goodrich said that in 1911 there were 1,134 graduates of a New York correspondence school, while in 1912 the number had increased to 3,000. Ten years ago there were but 200 graduates of this school. In contemplating these figures we must keep in mind that the promoters of the present registration laws guaranteed that the laws they had promoted would protect the public, the graduate nurse, and put out of existence the correspondence school. How have their promises been kept? Instead of putting the correspondence school out of existence we find that during the time the New York nurse registration laws have been in effect the number of graduates of this school has increased from 200 to 3,000, and it has flourished like the proverbial "bay tree." There is also no evidence that either the hospital graduate or the public has been protected. There are those who never profit by experience, so we find that the New York State Association is bent on more unwise legislation, and in 1913 we will probably see the number of correspondence school graduates reach the number of 6,000, with the hospital graduate pushed further in the background. Is it not time for hospital graduates to pause and seriously consider whither they are being led.

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Is This True?

Is this true? "There is infinitely more true education in raising a melon or making a pie than in learning by rote that 'a verb that makes an assertion by coupling an attribute complement to the subject is called a copula.'" If this is true, or even partly true, may we not also apply the same logic to preliminary education for nurses and once and for all admit the fact, that a girl who has never had a chance to study some

of the things taught in the first year of high school work, may have gotten as much true education in the school of life by shouldering some real responsibility as she would get in that much-talked-of one year in high school. Education, the real thing, is not simply a matter of books, or schools, or of so many hours spent in class work, and the sooner we admit that truth the better for all concerned in improving hospital schools. Christian character is a thousand times more important than the ability to pass examinations in purely theoretical subjects. Personal native ability should count for much in considering candidates. Let us give the capable Christian girl a chance in our schools, though she may come to us without a high-school certificate in her hand-bag.

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Nursing in Diseases of the Heart

Among the many good things the New Year has in store for the readers of THE TRAINED NURSE AND HOSPITAL REVIEW is an important series of articles on "Nursing in Diseases of the Heart," by Minnie Genevieve Morse. We present the first article of the series in this number. Miss Morse has devoted much time to research work in the preparation of these articles, and as they have been submitted to and have received the most cordial endorsement of one of our leading heart specialists, we feel that they cannot fail but bring both profit and pleasure to all those who read them.

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A New Year's Thought

"Look not mournfully into the Past. It comes not back again. Wisely improve the Present. It is Thine. Go forth to meet the shadowy Future, without fear and with a manly heart."—*Longfellow*.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans, in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Hospital Dietitian of the Future

The hospital dietitian of the future in the majority of institutions, let us hope, will be a graduate nurse who has supplemented her nurse's training with a few months in a domestic science school, and as assistant to the chief dietitian in some well-organized hospital. "Where should hospital dietitians be trained," we recently asked a well-known and exceedingly capable dietitian who has been long enough in contact with the hard problems of an institutional dietary department, to know something of the needs. While she did not directly answer the question, she did express herself as follows:

"The domestic science schools are very prone to forget or to fail to realize that the hospital demands all the knowledge and executive ability which are necessary to the running of any large institution's dietary department, plus the feeding of large numbers of sick people; it requires some knowledge of ward duties; it calls for the intelligent feeding of the unusual diseases calling for special dietetic treatment. Besides there is the lecture work, practical lessons, and the management of the diet kitchen service for the training of the nurses.

"From my point of view, more careful selection should be made for the personal fitness for the work as well as the unusual amount of training.

"I certainly would not advise the domestic science student fresh from graduation to take up the work of even a small hospital, with not the slightest hospital experience, even though she agreed to do it at a small salary. This fresh new graduate is an expensive proposition without any salary at all, and a positive luxury at the usual price of \$40 per month."



Disinfection of Rooms After Contagious Diseases

In Dr. Thomas Howell's report on Hospital Efficiency presented at the hospital convention in Detroit, he quotes the following opinion of Dr. Holmes of the Isolation Hospital, Worcester, Mass., in reply to his query as to the best method

of cleaning up and disinfecting a room or ward after a case of contagious disease had been removed from it:

"I should simply say that after a case is removed there is very little to do which is different from the usual procedure after any case of sickness.

"The germs were on the patient and went out with the patient provided proper prophylaxis was maintained. That the air can be disregarded has been sufficiently demonstrated. While the patient was in the room, the germs were growing in the living tissues and discharges of that patient and not on the ceiling or backs of the chairs. The germs could leave the patient only in the discharges and so could reach just what the discharges reached, viz.: the bedding, the utensils and the nurse's hands. The amount depended upon the habits of the nurse, but this is the problem of efficient prophylaxis, which your question does not cover, and which to discuss properly means a paper in itself.

"After the patient has been removed, then the source of the germs has been removed, and the room can be cleaned as any housewife would clean it, using soap and water, fresh air and sunlight. Fumigation is absolutely unnecessary and useless, and nothing needs to be destroyed or injured by disinfectants. If a nurse has carelessly transplanted some saliva to door-knobs or chairs, the soap and water soon finds it. Nothing should come out of such a room until it has been washed, and the woman who is cleaning should wear a gown which will protect her from the infected articles until she has done her work. Bedding should go directly from the bed to the washing machine in bags, where the boiling will sterilize it sufficiently. I have found such simple methods to stand the test of time and so I feel very strongly regarding the great waste of material and the senseless panics which close our wards and schools whenever a case of contagion appears. More common sense should be used to apply our latest bacteriological and epidemiological knowledge to hospital conduct instead of remaining hidebound by traditions."

Dr. Richardson of the Providence City Hospital has introduced in that institution a very useful system of office slips. By means of this system he is able to keep track of patients, their diseases, complications, condition on discharge, to check histories due at the office from each service, complete statistics for the annual report, and at the end of the year to trace the physical condition of every patient during his hospital residence.



Some Home-Made Ward Conveniences

Dr. Theo. MacClure, Superintendent of Solvay General Hospital, Detroit, has contributed photographs of some of the articles which appeared as a part of the convention exhibit in Detroit.

The first cut shows a ward chair which serves as a receptacle for bath-robbs, slippers, etc., under the seat.

It will be noticed that the back of the chair is hollow, opening by a door in front. In the hollow part of the back, narrow shelves contain the smaller belongings of the patient, such as comb, tooth brush, soap, letter paper, etc.

Figures 3 and 4 show a ward bedside table for a men's ward.

Figure 5, shows a convenient carrying chair for use in places in which the wheel chair can not easily be used.

Figure 6, shows a device for use in weighing bed-ridden patients. It consists of a rack which



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fits over a set of Fairbanks's scales, which are brought to the bedside.



A Portable Cupboard for Sterile Dressings

One of the interesting devices shown in the hospital convention exhibit in Detroit, was a set of small formalin sterile cupboards made of sheet iron, coated outside with aluminum paint, and a hard enamel inside. The cupboards resembled a square box with a door in front. These are placed on tables, and are particularly convenient for a small dispensary or examining room. The smaller cupboard, divided into two compartments is easily portable. The larger one shown with four compartments is large enough to contain the supplies needed for several days in a small dispensary. Dr. Harry King of Detroit has used them for years in his private hospital. Dr. S. E. Sanderson who contributed the exhibit from the Italian Polyclinic, Detroit, gives the following description of the cupboards and their uses:

"These cupboards can be made in any size and of a variety of material. The principles governing their construction are embodied in the following:

1. They must be nearly (not absolutely) airtight, having therefore (a) a strong tightly fitting door and (b) a buffer of felt or rubber.
2. The surface inside should be hard for easy cleaning, made of (a) metal; (b) glass; (c) hard enamel or similar substance.



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3. The air circulation inside should be free.
4. Glass can be embodied in the walls to form windows.
5. The largest cupboards or the smallest instrument cases can be constructed along these lines.
6. Sterile instruments or dressings placed in here remain sterile. This has been fully demonstrated bacteriologically by Dr. King.

In our social service work we are finding this is becoming a necessity."

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A Check on Sterilization

Surgical nurses in particular will be interested in a method which Dr. Archibald Diack, a consulting chemist, has devised of securing the assurance on opening a sterilizer that the dressings contained therein have been subjected to a certain degree of heat—sufficient for absolute sterilization—for a certain length of time.

The device which accomplishes the result of checking autoclave manipulation, consists of an hermetically sealed glass tube in which is a small tablet. This tablet is of a definite shape and is freely movable in the tube. Also it is of a definite color.

This tablet has a fixed melting point corresponding to the temperature of complete sterilization. This is absolutely invariable. When subjected to this temperature it begins to fuse on the side next to the container, but owing to its low heat conductivity the application of the

heat has to be continued for 30 minutes before complete fusion has been accomplished.

The melting point is invariable. The changes produced by fusion are all easily visible at a glance. The tablet form has been destroyed, the mobility is prevented and the color has been changed.

The method of use is as follows: When the bundles are made up, the nurse inserts one of the tubes into the center of the bundle and leaves the black thread so that it can be easily seen. Then the packages or bundles are put into the autoclave and treated. On opening the package the assistant merely picks up the black thread, pulls out the tube, and at a glance is able to tell whether it is safe to use the contents of the package.

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Prizes for Practical Improvement Suggestions

The offering of prizes by business houses to employees submitting the best suggestions for improvements in methods or the promotion of economy is nothing new, but I have yet to learn of any hospital which has employed this plan as a means of gaining the coöperation of its employees.

The modern hospital has on its pay-roll a large number of fairly intelligent people, but it is safe to state that not over ten per cent. of them ever offer suggestions for the improvement of the service. The remaining ninety per cent.



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must have good ideas, or at least could produce them if the proper stimuli were applied

I have no doubt but that our doctors, nurses, orderlies, porters, plumbers, carpenters and engineers have at times excellent ideas for improvements which they are reluctant to offer because they have never been asked to do so, or because they are doubtful of the reception they would receive, or because they feel that "there is nothing in it for them."

If they were told that their suggestions were desired, that they would be given careful and impartial consideration, and if found useful they would be paid for them, we would have less destructive and more constructive criticism than we have now.

The more thinking, active workers a hospital has the greater will be its producing power and the more efficient its service.

I feel pretty sure that any hospital which will make it worth while for its employees to do original thinking will add materially to its reputation and save money while doing it.

Dr. Thos. Howell's report on Hospital Efficiency.

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A Training School Problem

A private bridge club composed of ladies who are members of the Women's Auxiliary of the New Rochelle, N. Y. Hospital, have collected a fund which may be drawn upon by any nurse suffering from temporary financial embarrassment through family misfortunes, during her training, or from illnesses contracted while on duty. This is a worthy object, though it is always expected that young women taking up training for three years will be so well provided for, that they need not call upon such a



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fund. But many times, a particularly worthy nurse may have to undergo some severe operation which plays havoc with her slender bank account, and it is a very happy atmosphere in which a nurse is trained, where she can feel that her interests will be so well safeguarded by the directors.

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Notes and News

The Board of Education of New York City has arranged for the establishment of an out-door class for tubercular children on the roof of the Long Island College Hospital.

Wesley Hospital, Wichita, Kansas, has been formally opened to the public. It will be under the general direction of the Methodist Episcopal Church, South. Rev. A. B. Hetwood is general superintendent with Miss J. N. Murphy as superintendent of the training school.

Mt. Sinai Hospital, New York, reports the installation of cooling apparatus by means of which it will be possible to regulate the temperature and humidity of the air in two small wards during the summer months. The apparatus is capable of thoroughly washing and distributing 60 cubic feet of air per patient per minute. Cases of intestinal disorder in children, cardiac diseases and heat prostration are treated in these wards.

Miss Alice Potter of Chicago will have general charge of the new McIntyre Hospital at Virginia, Minn.

Miss Nan Dupuy of St. Luke's Hospital, Richmond, Va., is superintendent of the new Rockingham Memorial Hospital at Harrisonburg, Va.

The Homeopathic Hospital for the insane at Rittersville, Pa., is open for patients. Building was started April 19, 1904, and the cost has been nearly \$10,000,000, of which the state paid nearly \$3,000,000. The buildings have floor space of 700,000 square feet. The capacity is 2,100 patients. The buildings and grounds cover 210 acres. The architecture is Colonial.

Book Reviews

Outlines of Physiology. By Edward Groves Jones, A.B., M.D., and Allen H. Bunce, A.B., M.D. Third edition revised, 111 illustrations, Price \$1.50.

In this edition the introduction, the chapters on The Cell, The Elementary Tissues and on The Blood have been entirely rewritten and new illustrations added. A new chapter, with illustrations, on The Physiological Characteristics of Muscle, has been added. The chapter on Secretions has been rearranged. New subject matter has been added to the chapter on The Physiology of Digestion and Absorption. Other minor changes have been made as deemed advisable.



Diseases of Children. A Practical Treatise on Diagnosis and Treatment for the Use of Students and Practitioners of Medicine by Benjamin Knox Rachford, Professor of Diseases of Children, Ohio-Miami Medical College, Department of Medicine of the University of Cincinnati, etc. Illustrated, with 107 text illustrations and 7 colored plates. Price \$6.00.

In this remarkably comprehensive volume the author presents to practitioners and students of medicine a practical clinical treatise on diseases of infants and children. He has briefly outlined the pathological findings and has avoided unnecessary etiological discussions in order that he might in a compact volume find more space in which to clearly outline the differential diagnosis and give in full the treatment of these diseases.

The book is divided into thirteen sections. Section one deals with the child, taking up in a most instructive manner the general hygiene of infancy and childhood, growth and development. Section two is devoted to the new-born, including the care of premature infants, the diseases of the new-born, and birth injuries. Section three deals with infant feeding, Section four, diseases of the digestive system. Section five, nutritional disorders. Section six is of special interest, dealing with infectious diseases. Section seven, diseases of the respiratory system. Section eight, the heart. Section nine, diseases of the blood and ductless glands. Section ten, diseases of the urogenital system. Section eleven, diseases of the nervous system. Section twelve, diseases of the

ear, and section thirteen, diseases of the skin. Each section is divided and subdivided, covering every phase of the subject. This book will be found invaluable in any hospital or training school library, but especially so in those training schools where only a limited amount of instruction is given in the study of sick children. Now is the time to ask some member of the hospital board to include this book in the New Year gifts to the hospital or training school.



Food in Health and Disease. By Nathan S. Davis, Jr., A.M., M.D., professor of the Principles and Practice of Medicine in the Northwestern University Medical School, physician to St. Luke's Hospital and Mercy Hospital, Chicago, Ill. Second edition. Price \$3.50, net

This book was written originally for "A System of Physiologic Therapeutics," so ably planned and edited by Dr. Solomon Solis Cohen. The title given to this series of treatises devoted to non-medical therapeutics has been generally adopted as the best and most expressive for the methods discussed. At the time of its appearance the information contained in it could not be found in any other one place, and it has aided in calling forth much valuable study and many useful publications.

In revising it much has been rewritten and additions have been made to almost every subject discussed in it. This was made necessary by additions to the knowledge of physiology and of the management of diseases by diet. A description of the principles of dietetics is given, as well as a full and practical consideration of the problems of diet and their solution in health and in the most important diseases. It is hoped that by explaining the principles and the limitations of dietetic treatment in each disease it will be easy for physicians and nurses to construct appropriate menus for individual patients. The book is divided in two parts, Part One dealing with the general principles of diet and diet in health, while Part Two deals with diet in disease, such as feeding the sick, diet in infectious diseases, in diseases of the stomach, in diseases of the liver, intestines and peritoneum, in diseases of the respiratory organs,

Continued in Publisher's Desk

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Fly and Screen Question

To the Editor of The Trained Nurse:

I would like to get other nurses interested in what I call "The Fly and Screen Question."

From all sections of our country in recent years has arisen the cry "swat the fly," and we are glad to say that it has been heeded by many. The advice should be borne constantly in mind by everyone who believes that "Cleanliness is next to Godliness." Let the good work go on! But why swat some flies and still allow others to enter our homes.

I have had numerous occasions to note the total absence of screens in many homes where they were most needed—especially in country homes.

Imagine you see a fly—just one of the many—alight on a bed where lies a patient with typhoid fever. See it go out through the window—whose milk, water, bread or meat is contaminated by the germs carried by that one fly? Think what could have been prevented if only eight or ten dollars had been spent on screens.

In my opinion every house no matter how humble should be well screened. Could not a demand be made upon our state legislature to pass a state law making it compulsory for every building for human habitation to be thoroughly screened? Keep the fly Out!

I. L. D., R.N.

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Boston Relief System

To the Editor of The Trained Nurse:

While others are discussing the ways and means for the relief of patients in moderate circumstances, who for various reasons, do not come under the head of either hospital, district, or regular service, Boston is establishing a system designed for the relief of similar and allied conditions, which will be of interest to every one.

Before presenting this system, The Beal Nurses' Home and Registry, Inc. has given the subject thorough investigation. Local conditions and requirements, the interests of pa-

tients, and the physicians and also the nurses' welfare have been considered, and having a large corps of efficient workers willing to give their services to a thorough trial of this system, it is well equipped for scientific demonstration of its efficacy or otherwise as the case may prove. A satisfactory solution of these problems in Boston, may be expected.

When we state that it is a system of hourly nursing do not confuse it with any of the systems already in operation elsewhere. In the first place the relief corps consisting of day and evening nurses, is retained by a salary of \$75.00 per month. They are required to live in the established headquarters, and give only eight hours service per day. Service hours, days 8.30 A.M. to 5.30 P.M. Evenings, from 7 to 10 o'clock. No street uniform required, except that the nurses be dressed in white shirt waists and plainly tailored suits, requiring only the change of the skirt of street suit, for the uniform skirt at destination.

The bag to be a small sized suit box prepared in the supply room to meet the requirements of cases. Requisitions especially prepared for this service may include special dietary and invalid supplies to be here prepared by the members detailed to this branch of the service. In other words, to supply as far as possible the requisitions of the patients at rates which will guarantee moderate profit to the establishment, and still be within the financial ability of the patrons.

No charge to be made for time consumed in reaching or returning from destination. No charge to be made for transportation within five cent fare limit. The rates for general nursing, one dollar the first hour, every additional ten minutes ten cents and no charge less than one dollar.

Obstetrics, nurse at delivery five dollars, after care at general nursing rates. Payment must be made to nurse after each visit, who will give receipt for same.

A system of time record has been especially provided for this service.

This system of hourly nursing has been established to meet the growing demand of the public

for skilled care at minimum rates. Only registered graduate nurses are employed. These to be sent on application of the physician in charge. At present no contagious cases will be considered. Later, if advisable, special nurses will be assigned to this work.

By judicious advertising this system has been introduced in all sections of Greater Boston and vicinity.

MINNIE S. SCOVELL, R.N.



Chewing Candy for Children

To the Editor of The Trained Nurse:

I am a graduate nurse of many years experience, have had a great deal of worry when trying to feed children very sick with fevers, etc., my last case was a child six and a half years of age, a relapse on the thirty-ninth day of Typhoid-fever, she could not digest cows milk, had taken malted milk for a while, but tired of that also; had been kept alive on chicken broth, and a small amount of strained oat-meal gruel. They always had to put a great deal of sugar in the gruel, in order to have her take it at all, which caused a great deal of flatulence, and disturbed digestion of course. Naturally she was sick of chicken broth and gruel. She begged so hard for a cookie or cracker, I asked the physician if I might try and make something resembling a cracker of malted milk mixed with the white of an egg. He said he would be very glad to have her take "albumen" and malted milk. So during the night watch, I experienced, with a result not expected.

The white of one egg took up about one dollar bottle of malted milk, before I had anything I could mold into shape. Then I found I had a chewing candy. I put vanilla with it and it was delicious. I mixed Bakers Unsweetened cocoa with it, or rather with a part of it. I pulled it into long strips like taffy, twisted some, and by using a little more or less of cocoa, or just plain without cocoa, I had about six kinds of candy, which pleased my little patient very much, she would take her medicine without any trouble with the promise of candy after it, I let her ask me for candy, it was then a great treat, and doctor and parents were very much pleased too. We used two of the \$3.75 bottles and five of the dollar bottles. The child gained right along, and she was very amaciated when I went to her. I also made a tomato bisque with the malted milk. And later on a pop-corn with the above candy, and puffed rice. I stumbled upon these things accidentally, and I feel that all little sick

children ought to have the benefit of my experience. You see digestion was aided by chewing the candy.

CHEWING CANDY

That Typhoid or other fever patients may be allowed to eat, where the physician allows malted milk.

1 bottle malted milk (the dollar size).

The white of one egg (not beaten).

1 teaspoonful of vanilla.

Mix thoroughly. Better use a fork, until of the consistency to handle easily. Pull and mold like taffy.

CHOCOLATE CANDIES

Same as above with Bakers Unsweetened Cocoa added, according to taste.

IMITATION POP-CORN BALLS OR CAKES

Use the first recipe (not quite so stiff).

With puffed rice instead of pop-corn.

Use the candy to put the balls together.

A very good imitation. Convalescent children can eat it.

MINNIE C. GROVENBERY.



The Private Care of the Insane

To the Editor of The Trained Nurse:

Probably no defect in the methods of training in general hospitals is more keenly felt by the graduate than the lack of adequate instruction in the management of insane patients, especially those who are cared for in the home. The average superintendent of nurses is wholly unfitted to give such instruction. So is the average medical man. Even the man who has specialized to some extent along this line or is recognized as an expert and sought in consultation on such cases is often unable to organize the knowledge which the nurse needs so as to get into the lectures in the limited time allotted to him, the essentials about the management of the insane patient at home, which she needs to do the very best, for these most difficult of all patients. Quite often I think that if the superintendent of nurses would supplement the lectures of the medical lecturer by some very practical points gleaned from books and magazine articles the nurses would not be so much at sea when called to such cases. Such talks might be arranged in some such order:

1. The first things to do on reaching the patient.

2. Some things not to do.

3. What to observe in all cases.

4. What to observe in special cases.

Most of the books which we have are written

for nurses in hospitals. To deal with the insane patient in his own home is a more difficult matter one on which we nurses have not had much instruction. Could we not have such a series of articles if only in outline given in your magazine this coming year?

CAROLINE F.



Request for Articles

To the Editor of The Trained Nurse:

I am an interested reader of THE TRAINED NURSE AND HOSPITAL REVIEW, and enjoy every article very much. The article in December number on Neurasthenia, by Minnie Genevieve Morse is very instructive.

I wish some one would write on Epilepsy in all forms, with and without convulsions. I have had occasion to observe a girl twenty-two years old who is suffering from epilepsy without convulsions (at least that is what the different physicians call it). Instead of convulsions this young girl falls asleep, immaterial of what she may be doing. At the table while eating, the fork will fall from her hand half way from her plate to her mouth, she will then wake with a start, her worst time being between two and three P.M. I would also like to have some give their experience in nursing Addison's Disease. I am on a case of this kind at present, and as I have never had a case before, and as we never had a case in the hospital while I was in training, I would very much appreciate any information some more fortunate sister nurse may volunteer to give us.

F. JONES, Minnesota.



Nursing Ethics

To the Editor of The Trained Nurse:

I can assure "Clements," that a northern private nurse frequently finds herself in similar positions to those mentioned in her letter in the November Letter-Box. It is hard, but the only rule to be guided by is The Golden Rule. The standard of professional dignity can never be lowered in this way. To be sure there are other phases of the question to be considered. For instance—when one has been willing to do these unprofessional duties for a patient owing to peculiar circumstances in the case, other nurses employed by friends and relatives of this patient, may be criticized for not making themselves as useful as "our nurse did," and again duties

that members of the family could readily do are often left for the nurse, so it is always well at the right time and place to let your patient know or some member of the family what the nurses' duties really are.

R. A. R.



The Practical Nurse

To the Editor of The Trained Nurse:

I am a new subscriber to THE TRAINED NURSE AND HOSPITAL REVIEW, having previously taken *The Journal of Nursing*. I am in receipt of my first number, and I am much interested in its contents. I was attracted by the Editor's Letter-Box, for I too am a practical nurse, having been debarred by the age limit from hospital training. But I have my library containing such books as Wilson's Fever Nursing, Cook's Hand Book of Obstetrics, Taber's Medical Dictionary, etc. I carry a regular case equipped with Kelly Pad, hypodermic outfit, rectal tubes, clinical thermometers, gauze and other articles ordinarily used. I was particularly attracted by the letters, "The Practical Nurse" and "Nursing Ethics." I also have worked side by side with my sister the trained nurse, and have found many friends in the ranks. I find the same conditions prevail with the trained and the so-called untrained nurse, namely: trying to follow The Golden Rule. I think no nurse ever lowers her standard in the eyes of sensible people by doing so-called menial service. We go into all kinds of homes, and find all kinds of conditions, and we go to soothe and help and heal. The helpful useful nurse trained or untrained is the one who is doing the most good to humanity.

ADDIE M. RAWSON.



Advice Asked

To the Editor of The Trained Nurse:

Will some sister nurse through the columns of THE TRAINED NURSE AND HOSPITAL REVIEW give successful experiences with treating stubborn cases of Leucorrhœa. I am with a patient where all the suggestions of the physician have been tried with no good result. Douches have been used regularly, but with no effect.

A SUBSCRIBER.



The Delaware Hospital, Wilmington, conducted in November a short term campaign, the objective point being \$300,000. The campaign was in charge of Mr. Edgar T. Honey.



FACULTY AND GRADUATING CLASS- PENNSYLVANIA ORTHOPÆDIC INSTITUTE.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Massachusetts

The graduating exercises of the class of 1912 of the New England Baptist Hospital Training School for Nurses, Boston, were held in the vestry of the First Baptist Church, Wednesday, December 4, 1912, at 8 P.M.

Dr. George S. C. Badger, chairman of the training school committee, opened the exercises with a greeting. The address to the nurses was given by Rev. O. P. Gifford, D.D. The diplomas were presented by Col. Edward H. Haskell, president of the board of trustees. A particularly charming feature of the evening was the rendering of groups of songs by Mrs. Ada Belle Childs. A reception and refreshments followed the exercises. Class of 1912: Nellie Anderson De Witt; Martha Mae Pendleton, Pauline Elizabeth Hall, Jessie Ann Gray, Catherine Elspeth Cook, Guenn Elizabeth Haley, Helen Elizabeth Fisher, Edith Belle Studley, Sarah Helen Larrabee.



Rhode Island

Diplomas were presented to thirteen three-year-course and to nine two-year-course nurses at the graduating exercises of the Butler Hospital Training School for Nurses, Providence, held in Ray Hall at the hospital November 19.

The graduation was largely attended, with many friends of the graduates present, and following the exercises there was an inspection of the William H. Potter Home for Nurses, where tea was served from 4 to 6. Addresses were given by Rathbone Gardner and Dr. Charles V. Chapin, and the presentation of diplomas was made by Charles H. Merriman, president of the board of trustees. Mr. Merriman presided at the meeting and, after alluding to the new building, introduced Rathbone Gardner, who spoke on "The Debt of the Nurse to the Hospital."

"The Development of Modern Nursing" was the subject of Dr. Chapin's address, in which he considered the evolution of nursing and its phenomenal growth.

The requisites of a successful nurse were noted, and many of the details were given that tend to good or bad results in caring for the suffering.

At the conclusion of the paper Mr. Merriman presented diplomas to the following: Course of Three Years—S. Irene Betts, Flore A. Dumas. E. Gertrude Evitts, Mary Fitzgerald, Margaret C. Gleeson, Alice Celia Harris, Sarah Henderson, Annie How, Mary E. Lutz, Mary Elsie McKenzie, Ellen J. Macdonald, Mabel L. Martin and Arthur John Hatton. Course of Two Years—Joseph J. Barrett, Ralph E. Binns, Alfred Fox, Peter Grass, Delbert R. Hannan, James A. Kelley, J. Frank McNamara, Frank W. Mason and Ernest E. Maynard.

The platform was decorated with palms and chrysanthemums, and the hall was filled with visitors. The number was augmented by many more, who arrived later for the opening of the new building, where the reception was held from 4 to 6 o'clock. Dr. G. Alder Blumer and Miss Cleland, superintendent of nurses, greeted the visitors informally in the reception room, and the room at the opposite end of the corridor was arranged for the tea.

Miss Minnie Young and Miss Ida Morelock, Mrs. Bert Kemp and Miss Josephine Spurr poured tea and chocolate at tables brightened with yellow chrysanthemums.

Miss Edith Smith served ice, assisted by Miss Jehan, Miss Jacques and Miss McGinn. An orchestra enlivened the occasion, and many lingered to inspect the house.



Connecticut

The graduating exercises of the Training School for Nurses of the William W. Backus Hospital, Norwich, were held October 13, 1912. A pleasing programme of graduating exercises was carried out under the auspices of the executive committee.

The programme was opened with music by the Harmony Club orchestra, which rendered selections throughout the programme and for dancing, which followed. Prayer was offered by Rev. Richard R. Graham, rector of Christ Episcopal Church. Mr. Frederick T. Sayles, of the executive board, presented diplomas to Viola Mathewson, Mary Elizabeth Moriarty, Fay D. Russell,

Elizabeth Margaret Ashley and Gertrude C. Tuite. Florence A. Dickinson, who was also a member of the graduating class, was not present, as she had been in Canada and was returning, but did not reach the hospital in time to participate in the exercises. The class pins were presented by Mrs. Charles L. Hubbard, of the ladies' advisory board. With each pin was given a beautiful bouquet of gold and white chrysanthemums, tied with purple ribbon.

Before presenting the prizes the class was given wise counsel by Dr. Patrick Cassidy. The awards were as follows: 1911 class—\$10 in gold to May Egli for surgical work; \$5 gold to Elizabeth Roach for medical work; \$10 in gold to Josie Brock for ward management and general efficiency. 1912—\$10 in gold to Mary Moriarty, for surgical work; \$5 in gold to Florence Dickinson for medical work. \$10 in gold to Gertrude Tuite, ward management and general efficiency. The prizes were donated by Mrs. Charles L. Hubbard, Mrs. H. H. Osgood and the Backus Hospital respectively.

The class motto is "Conscientiousness."



New York

AN ACT

To amend the Public Health Law relative to the practice of nursing.

The People of the State of New York, represented in the Senate and Assembly, do enact as follows:

SECTION 1. Sections 250 and 251 of chapter 49 of the laws of 1909, entitled "An act in relation to public health constituting chapter 45 of the consolidated law" are hereby amended to read as follows:

SEC. 250. WHO MAY PRACTISE AS A (REGISTERED) NURSE. Any resident of the State of New York, being over the age of twenty-one years and of good moral character, holding a diploma from a training school for nurses connected with a hospital or sanitarium giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and all other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualifications to practise as a nurse, is hereby authorized to practise as a nurse, and such certificate shall authorize the holder thereof to use the term nurse or registered nurse and the abbreviation R.N. in connection with his or her name. A person to whom such certificate has not been issued as provided in this article shall not PRACTISE as a nurse or use the term Nurse or Registered Nurse or other words, letters or figures to indicate that the person using the same is a nurse and entitled to practise as such. Before beginning to practise nursing every such nurse shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence, with an

affidavit of his or her identity as to the person to whom the same was so issued and of his or her place of residence within such county. Nothing contained in this article shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease in violation of Article 8 of this chapter. *Nothing contained in this article shall prevent or prohibit the performance of services, either with or without compensation in caring for the sick or injured, by any person as a trained attendant or otherwise, provided such services are not performed by such person as a nurse or registered nurse. A school or institution for giving instruction in the care of the sick which is not connected with a hospital or sanitarium registered by the Regents shall not issue a diploma, certificate or other written instrument to any person, indicating that such person is entitled to practise as a nurse.*

The resignation of Miss Jane M. Pindell, superintendent of the New York City Training School for Nurses, will take effect January 1, 1913, to be succeeded by Miss Floride L. Croft, formerly assistant superintendent to Miss Pindell. Miss Ethel B. Ridley, a former graduate of this school, will fill Miss Croft's place, under the title of assistant superintendent.

Mrs. Cadwalder Jones, has issued cards for Thursday afternoon, December 19, from 4 until 6 o'clock, to meet Miss Jane M. Pindell, retiring superintendent of the New York City Training School for Nurses, and Miss Floride L. Croft, her successor.

The graduation exercises of the Amsterdam City Hospital nurses' class of 1912 were held Monday evening, December 2, in the auditorium of the High School on Division Street, when the following young women received diplomas: Emma McCleary, Lena Yops, Alice Snell, Esther Metcalfe, Nancy Thompson, and Mary G. Corcoran. Miss Corcoran was detained at Fonda, where she was engaged in caring for a patient, and so could not be present at the ceremonies.

The platform of the auditorium had been prettily decorated with palms and the national colors, the following occupying chairs on the rostrum: Dr. Charles Stover, the Rev. Dr. J. R. Kyle, Dr. H. M. Hicks, David Wasserman, William McCleary, Cornelius Van Buren, Miss Helen M. Garratt, superintendent of the hospital, Dr. Julia K. Qua and the members of the graduating class. In the absence of the Rev. J. Harvey Murphy, pastor of Trinity Reformed Church, who was unavoidably detained, the Rev. Dr. Kyle, of the First Reformed Church, opened the exercises with prayer. Cornelius Van Buren, president of the board of trustees, introduced

Dr. Julia K. Qua as the first speaker. Dr. Qua's subject was "Individual Responsibility Toward Public Welfare."

Following a selection by Minch's orchestra, Dr. Charles Stover was introduced to give his charge to the nurses.

When Dr. Stover had finished his charge by administering the Florence Nightingale oath to the members of the graduating class, the diplomas were presented by Cornelius Van Buren.

Miss Helen M. Garratt, superintendent, presented each of the members of the graduating class with a medal or gold class pin, the orchestra playing softly during the little ceremony. The exercises were brought to a close by the pronouncing of the benediction by the Rev. Dr. Kyle, and then the members of the graduating class entertained the medical fraternity and their wives at the nurses' home on Division Street, refreshments being served at the conclusion of a social hour.

The Addresses on this occasion were of such a high order that we hope to publish them in the near future.

The commencement exercises of the Erie County Hospital Training School for Nurses, Buffalo, were held Thursday evening, December 5, 1912. The program included an invocation by Father Phillips, songs by Miss Christine Earon, presentation of the class and address by Dr. T. H. McKee, address to the class by Rev. C. C. Roszell, presentation of diplomas and hospital pins by Dr. H. Mulford, class poem read by Miss Davis and benediction by Rev. C. C. Roszell. A reception and refreshments followed the exercises. The graduates are: Agnes L. Fisher, Edna M. Pyburne, Cora M. Whan, Martha R. Brown, Mary A. Anderson, Emily B. Maynard, Mary E. O'Day, Zelma P. Davis, Eva L. Buchan, Helen M. Kerr, Rose B. Burke, Mary F. McLean, Margaret O'Connor, Elizabeth L. Cassidy, Myra A. Stanton, Sarah C. Black, Isabelle Simpson.

The graduating exercises of the nurses' Class of 1912 of St. Joseph's Hospital, Syracuse, were held at the Nurses' Home, Thanksgiving evening, November 28. The following graduates received diplomas: Mary Frances Brosway, Rose Elizabeth Conboy, Julia Hardenberg, Catherine Hennesy, Mary Helen Lenane, Agnes Mary McDonauld, Mary O'Meara, Anna Margaret Sweeney.



New Jersey

The eighth annual meeting of the Nurses' Alumnae Association of the Hackensack Hospital,

Hackensack, N. J., was held November 4, at the hospital, the president, Miss Emma F. Crum, in the chair. Election of officers as follows: President, Miss Emma F. Crum; vice-president, Miss Edna Allen; secretary, Miss Harriet Layton; assistant secretary, Miss Katherine MacLeod; treasurer, Miss Mary J. Stone. Directors: Mrs. A. A. Swayze and Mrs. St. John.

Miss Mabelle Goodwin was chosen a delegate to attend the New Jersey State meeting at Camden. Papers were read and discussed, fifteen members being present.



Pennsylvania

The Graduate Nurses' Association of the State of Pennsylvania held its tenth annual meeting in Erie, November 13 to 15 inclusive. There were five meetings in all, the first being on Wednesday at 1.30 P.M., and a morning and afternoon session on Thursday and Friday.

Rev. Dr. Strothers Jones, Rector of St. Paul's pronounced the invocation. His Honor Mayor Stern, made the Address of Welcome to which Miss Williamina Duncan of Pittsburgh responded in a few very apt and graceful remarks.

The president made her annual address. She urged all loyal nurses to apply for admission to the Red Cross Nursing Service, warning them that it would be too late if they waited until the call came and then make application. She called attention to the sale of the Red Cross Christmas Seal and to the Calendar of the American Nurses' Association and the good to be done from the proceeds of both of these sales.

Miss Giles touched on all points of interest to nurses and her address was listened to with interest and received with much applause.

The minutes of the last meeting were read and accepted as read.

A rising vote of thanks was given to Dr. Jones, Mayor Stern and to Miss Duncan.

The chairman of the membership committee made her report and there were 46 new members admitted to the association.

The question of combining the offices of Secretary and Treasurer came before the meeting and after some discussion in which there were many good reasons in favor of the combination the question was put before the convention and carried.

The proposed change in the Constitution and By-laws came up and it was decided to carry it over until the next meeting.

Dr. William S. Higbee, President of the Pennsylvania State Board of Examiners for Registration of Nurses made an address Thursday. In

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Spring Class on May 15: Summer Class on July 9, 1913

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DANIEL M. HOYT, M.D., (Univ. of Penna.)
HOWARD A. SUTTON, M.D., (Instructors University of Pennsylvania)
FREDRIDGE L. ELIASON, M.D., (Pennsylvania)
FRED D. WEIDMAN, M.D., (Instructor Univ. of Penna., and Woman's Medical College.)
B. B. VINCENT LYON, M.D. (Johns Hopkins Univ., Bacteriologist and Pathologist to German and Methodist Hospitals, etc.)
LOUIS H. A. VON COTHAUSEN, PH.D., M.D. (Graduate Phila. College of Pharmacy, Med. Dept. University of Penna., Penna. Orthopaedic Institute.)

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)
MAX J. WALTER, M.D. (Univ. of Penna., Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's Phila., General Hospital (Blockley), Mount Sinai and W. Phila. Hospital for Women, Cooper Hosp., etc.)
HELENE BONDSDORFF (Gym. Ins., Stockholm, Sweden).
LILLIE H. MARSHALL } (Pennsylvania Orthopaedic Institute).
EDITH W. KNIGHT }
MARGARET A. ZABEL, R.N. (Grad. German Hospital, Phila., Penna. Orthopaedic Inst.)

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the beginning he said: "I accepted Miss Giles invitation to visit you this morning in the hope that I would be able to bring all of the Nursing Alumnae of the State in closer harmony to work for better training of nurses." His address was both instructive and interesting and was received with much applause.

Miss Katherine DeWitt gave an address entitled "The Private Duty Nurse's Share in the Public Health Campaign." In closing Miss DeWitt said: "We want to make our work a part of the great world movement toward better living and better health. If we do this life will not seem half long enough to accomplish all we want to do."

Thursday afternoon was given over to a Round Table during which there were many interesting papers read and discussed on the following: Superintendents, Private Nurse, Red Cross, School Nursing, Anæsthesia and Tuberculosis.

Miss Tillotson, Visiting Nurse in Erie gave us an outline of her work since coming to Erie some two months ago. This was followed by some discussion.

There were reports by committees on Cancer, Infant Mortality, Legislative and the report of the delegate to the American Nurses' Association.

It was decided that we should have a semi-annual meeting and that that meeting be in Lancaster. The date to be decided upon later.

There was an automobile ride on Wednesday afternoon after the meeting and a reception by the Ladies of St. Vincent's Hospital Auxiliary at the Boston Store Club Rooms, a tea by the Young Ladies of Hamot Hospital at the Reed House, Thursday afternoon, a visit to a Water Color Exhibit at the Art Gallery of the Public Library, Thursday night and on Friday at 12.30 the City Association of the Nurses of Erie gave a luncheon to the visiting nurses, all of which entertainment was very much enjoyed.

The November and December meetings of the Nurses' Alumnae Association of the Woman's Hospital, were held at the Philadelphia Club for Graduate Nurses, 1520 Arch Street.

At the November meeting \$10 was donated to the Philadelphia Club for Graduate Nurses, which had recently taken a larger house.

Ten members have pledged themselves to give \$1.00 yearly, for three years, to the Nurses' Relief Fund.

At the December meeting the ballot for election of officers for 1913—was submitted, and accepted by the meeting.

An interesting description of the meeting of the

State Association held at Erie, in November was given by our representative Miss Helen F. Greaney.

A letter and report from one of our members Anna H. Bentley, R.N., was read. It was of special interest to our association as Mrs. Bentley was the first to begin district nursing at Hunsdale, Cumberland County, Pa. This is the first work of its kind done in this locality. It has been made possible through the kindness and generosity of Miss Mary Cameron of Harrisburg to carry on this work. All of our meetings are usually well attended.

PHILADELPHIA TRAINING SCHOOL FOR CONTAGIOUS DISEASES

The training school of the Philadelphia Hospital for Contagious Diseases was organized for the purpose of training young women in the art of nursing the various contagious diseases received at this hospital. On account of the limited clinical material, other than contagious diseases, in this institution, the practical training is limited to those diseases. The principles of general nursing are taught by lectures and demonstrations.

The course consists of eighteen months of continuous service with a vacation of two weeks during this service, the salary commencing at \$15 per month and advancing to \$20 during the last six months at this hospital. At the expiration of eighteen months satisfactory service, this institution will endeavor to place the pupils in hospitals where they can receive six months training in obstetrics and surgery, but it must be distinctly understood that the city does not obligate itself to provide this six months course in another hospital. At the satisfactory completion of a six months training in another hospital, pupils will receive a diploma, provided they pass their final examinations which will be held at the Philadelphia Hospital for Contagious Diseases. During the six months service at other institutions, the city cannot pay pupils, and they are subject to the rules and regulations and such remuneration as is allowed by the hospitals to which they may be sent.

The Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, after purchasing the adjoining double building, 1709 Green Street, has opened the same as a private sanatorium for medical, nervous and surgical cases. The new building is in charge of Miss Mabel M. Koller,

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R.N., a graduate of S. R. Smith Infirmary, Staten Island, N. Y., and also of the Pennsylvania Orthopaedic Institute.

The Alumnae Association of Mercy Hospital Training School, Pittsburgh, held a meeting November 7, 1912. The establishing of a sick benefit fund was discussed and a committee appointed to draw up resolutions with regard to the death of Miss Bertha Davies of the class of 1906.

Memorial

In the sad death on October 30, 1912 of Miss Bertha Davies, the Alumnae of Mercy Hospital has lost one whose ability and many admirable qualities made her work and life useful to many.

RESOLVED, that a copy of this Memorial be sent to the bereaved family, and a copy be entered in the Minute Book of the Mercy Hospital Alumnae by the Sisters of Mercy and the Nurses, as the expression of their esteem of Miss Davies' life; work; and character.

SISTER M. INNOCENT,
SISTER M. ETHELDREDA,
MARIE SMITH GARDNER,
DORA MCATEE,
Committee.

The Alumnae Association of the Training School for Nurses of the Harrisburg Hospital of Harrisburg, Pa., held its annual meeting in the Nurses' Home, on November 6, 1912.

The following officers were elected for the ensuing year: President, Miss Edith Yingst; 1st Vice-President, Miss Martha Slicer; 2d Vice-President, Miss Esther Ruth; Treasurer, Miss Josie B. Lewis; Secretary, Miss Frankford Lewis.

Dr. Wm. E. Wright gave a very interesting lecture on, "The Care of the Nervous Patient." The Social Committee served refreshments.

On Friday evening, November 8, 1912, Mrs. Harry Steele entertained in honor of Mrs. W. P. Kemble, of Mt. Carmel, Pa. All attending were graduates of Harrisburg Hospital and report a delightful evening.

The annual meeting of the Allegheny General Hospital Nurses' Alumnae Association was held at the hospital September 2. The following officers were elected:

President, Miss Senna Mathews, R.N.; vice-president, Miss Florence McCartney, R.N.; recording secretary, Miss Mary Chatham, R.N.; corresponding secretary, Miss Isa Hanna, R.N.;

treasurer, Miss Catherine J. Clover, R.N. Program committee: Miss Nettie Harsha, R.N.; Miss Marie Hanlin, R.N.; Miss Jeannette McCollough, R.N.; Miss Blanche Fisher, R.N.; Miss Isabel Chaytor, R.N.

The class of 1910 of Allegheny General Hospital held a reunion at the Isabel Chaytor Nurses' Home, in Pittsburgh, December 5. One of the principal events of the evening was the announcement of the engagement of one of the members, Miss Lillian Meade, to Mr. Walter Stein, which will terminate in a spring wedding.

Miss May Henderson, R.N., a graduate of Mt. Sinai Hospital, of New York, has been appointed superintendent of nurses to succeed Miss Gertrude Muldrew, R.N., resigned. Mrs. Ruth Clark, R.N., a graduate of Allegheny General Hospital, was appointed to succeed Miss Alice Henderson, R.N., as assistant superintendent.



Missionary Needs

A woman physician is needed for the Mary S. Ackerman Hoyt Hospital and Dispensary for Women and Children, Jhansi, India. A christian woman with medical training is needed in the Canadian Presbyterian Mission, at Jen San about 135 miles north of Seoul. The hospital at Talas, Cesarea (Asia Minor), needs a nurse, to be associated with Miss Phelps. Azariah Smith Hospital, at Aintab, in the Central Turkey Mission, needs a nurse to be associated with Miss Brewer. Five trained nurses are needed at once in christian hospitals in Turkey, India, and Ceylon, respectively. The Hospital for Women and Children at Madura, South India needs a nurse. The McLeod Hospital, Inuvil, Ceylon, needs one nurse to have entire charge of a training school for nurses and the organization of the nurses' staff of the hospital. For further particulars write to Mr. Wilbert B. Smith, Candidate Secretary, Student Volunteer Movement, 125 East 27th Street, New York City.



Ohio

The Toledo Graduate Nurses' Association held its regular monthly meeting November 26, at Robinwood Hospital, where a "nurse's clinic" had been arranged by the superintendent, Miss Mabel Morrison. The clinic was unique in that the operation (skin grafting) was performed by a nurse, Miss Morrison, assisted by Dr. Gillette, Jr.

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¶DOSAGE—The adult dose of the preparation is one teaspoonful, repeated every two hours or at longer intervals, according to the requirements of the individual case. For children of ten or more years, from one-quarter to one-half teaspoonful. For children of three or more years, from five to ten drops.

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MADE AS SHOWN \$3.00



NURSES' Uniforms cut and made to your individual measure of fine quality white cotton poplin, which has first been shrunk by superheated steam. The most serviceable garment it is possible for you to buy at anywhere near the price. Will not shrink when washed. Requires less mending because all buttonholes and seams are reinforced. They look neater and wear almost twice as long as the ordinary ready-made uniforms. Our special price for uniform illustrated, \$3.00.

We have other styles made of dependable white materials at \$4.00 and \$4.50, nurses' stripes and plain blue at \$3.50 and \$2.50.

Each uniform is guaranteed to be of the highest quality, correct workmanship and fit. Should any uniform prove unsatisfactory or not as represented, we will promptly refund your money.

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Good Positions

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COMPETENT **NURSES**



AZNOE'S CENTRAL REGISTRY for Nurses which is the largest, oldest and most reliable Nurse's Registry in America, will place you in a desirable position if you are a graduate nurse with institutional experience.

We receive daily many requests from hospitals for nurses with experience.

If you are a competent nurse desiring to secure a good position, write today for FREE booklet fully explaining the efficient service we render nurses registered with us.

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Central Registry for Nurses
501-503 E. 34th Pl., Chicago, Ill.

Meanwhile Dr. Gillette, Sr., gave a most interesting talk on recent methods in surgical technique, declaring that, in his opinion, the delicate touch of a woman's hand is more naturally fitted to do the fine work required in skin grafting. Another clinic case showed the results of skin grafting (from patient's own body) a complete scalp, which attested to the skill of this operation, at least. Refreshments and a social hour followed.

The following attractive events have been arranged for by the program committee.

December: "Suffrage," with address by Mrs. Pauline Steinem, president of the Lucas County Equal Suffrage League. January 28—Miss Mary E. Gladwin, Akron, Ohio, president of the Ohio State Nurses' Association, will talk on "State Registration," and in February there will be another clinic at St. Vincent's Hospital.



Illinois

The graduating exercises of the class of 1912 of the Morris Hospital, Training School for Nurses were held at the Methodist Church, Morris, October the 25th. An interesting program was given which opened with an organ recital by Miss Gladys Moore, followed by prayer by Rev. A. C. Geyer. The address to the graduates was by Dr. Effa V. Davis. The diplomas were presented by the president, D. A. Mathews, and the class pins by T. H. Hall. Musical selections were rendered by Miss Gladys Moore, and Miss Maibelle Moore. The exercises closed with the Benediction by Rev. F. Aarrestad.

The class roll follows: Margaret Gertrude Breit, Lena May Towsley, Bertha Louise Hilderstone, Kathryn May Harvey, Sadie Murley. Class Motto; "Not for one, but for all." Class colors, yellow and white. The Superintendent of Morris Hospital is Miss Amy Holtorf, R.N. On the evening previous to the graduating exercises, the graduating class was entertained, by the members of the Alumnae, at a dinner given in the hospital dining room.

Opposition of physicians and hospital managers to the present system of training and registering nurses in Illinois came to a head December 2d, at the annual meeting of the Illinois State Association of Hospital Managers held at the Press Club of Chicago.

In speeches and resolutions members of the association declared the present state law relating to registration of nurses incompetent, uncon-

stitutional and out of harmony with every effort of the medical profession to become more useful to humanity.

One of the most glaring faults in the law is its requirement that all members of the registration board be nurses, according to Dr. W. A. Newman Dorland, one of the speakers.

He and other speakers deplored the latitude given to the board to impose regulations on hospitals as well as upon nurses. He said that the board of registration should have no voice in the regulation of hospitals.

Main points of opposition to the law, as outlined by Dr. Dorland, follow:

Tendency to divorce the nurses' training schools from the management of the medical profession.

Over-instruction of nurses.

Lack of provision to prevent discrimination in the registration of nurses.

Tendency to develop a system of trades unionism among nurses.

Dr. Aime Paul Heineck criticised severely conditions at the Cook County Hospital. He cited the fact that there are only thirty-five nurses at night to take care of 1,500 patients, and stated that conditions are such that no two surgeons can operate in the hospital at the same time, regardless of the urgency of emergency cases.

Resolutions asking the legislature to enact a new registration law were adopted by the association.



Michigan

With Mrs. Northway, Superintendent of the Calumet and Hecla Hospital as leader, twenty graduate nurses from various parts of the Copper Country, assembled at the home of Dr. and Mrs. McKinnon, Calumet, early in October, and organized The Copper Country Graduate Nurses' Association.

At a meeting held later, at Miss North's home, Hancock, ten new members were admitted. The following officers were elected: President, Mrs. Martin M. Foley, St. Mary's Hospital, Detroit, Mich.; 1st Vice-president, Mrs. N. R. Jewett, Butterworth Hospital, Grand Rapids, Mich.; 2nd Vice-president, Miss Johnson, Butterworth Hospital, Grand Rapids, Mich.; Treasurer, Mrs. Jennie McKinnon, U. of M. Hospital, Ann Arbor, Mich.; Secretary, Miss Frances McLean, Mercy Hospital, Chicago, Ill.

The object of the association, "Is to establish

Prompt Assimilation

of nutritive material is of the greatest importance to convalescing patients, in all acute diseases or surgical operations.

At this stage the blood is impoverished, the tissues depleted and the digestive functions at low ebb. Prompt assimilation of food must be secured—but not at the expense of further reducing the digestive and assimilative powers of the patient.

It is just here that

Grape-Nuts

has come to be relied on with confidence by the doctor and comforting assurance by the patient.

Grape-Nuts, made of wheat and barley, contains **all** the nutritive elements of these cereals, including the essential salts, “vital phosphates,” etc., which, physiologists know well, are in some important way necessary to perfect cell elaboration.

Grape-Nuts and good cream is a wholesome, appetizing combination of protein, carbohydrates, fat and salts, in promptly assimilable form.

The “Clinical Record,” for Physicians’ bedside use, together with samples of **Grape-Nuts**, **Instant Postum** and **Post Toasties** for personal and clinical examination, will be sent on request to any physician who has not yet received them.

Postum Cereal Company, Limited, Battle Creek, Michigan, U. S. A.

a Registry, and to elevate the professional standing of nursing, also to cultivate and cherish a feeling of good fellowship among the nurses."



South Dakota

The graduate nurses of Aberdeen met recently with Miss Lillian Zimpher in her apartments in the Crocker flats, where a permanent organization was perfected, officers elected, constitution and by-laws adopted and plans started for the work of the association, namely: To secure legislation by which the profession of the graduate nurses may be protected in South Dakota.

Mrs. Nan L. Roach was elected president, Miss Katherine Rodhouse chosen vice-president and Miss Lillian Zimpher was unanimously selected as secretary-treasurer.

The association will be known as the Aberdeen Graduate Nurses' association, and only nurses will be admitted to membership who have received the proper training and have a diploma or certificate to show for it. Regular meetings will be held once a month. The association will provide for a registry of all graduate nurses which will be kept posted up to date and sent out to the physicians, who will then know that they are securing competent assistants in the care of their patients. The membership fee was set at \$2, with annual dues at \$2, these fees to defray the running expenses of the association.

The Misses Kathryn Rodhouse, graduate of Samaritan Hospital, Aberdeen, South Dakota, and Kate Burke, graduate of Grace Hospital, Detroit, Mich., have gone to California to remain for the winter.

Miss Kathryn Fahey who has just completed a post graduate course in the Cook County Hospital, Chicago, has located in Aberdeen, So. Dak., to do private nursing.

Misses Rena Wiard and Ella Nichols have returned after a two months' vacation to Aberdeen, So. Dak., to take up their duties again as private nurses.

Miss Fannie Olds graduate of the hospital at Ortonville, Minn., has located at Watertown, So. Dak., to do private nursing.

Miss Lillian Zimpher returned to her work as city school nurse at Aberdeen, So. Dak, after a vacation of several months spent in Iowa, Ill. and Missouri.

Miss Margaret Cliffnel graduate nurse has accepted the position as city school nurse at Watertown, So. Dak.

Misses Detjen and Ryan graduates of St. Joseph's Hospital, Milwaukee, Wis., have recently returned from Canada and again taken up their duties at private nursing at Aberdeen, So. Dak.



California

A recent decision in the California courts will be of interest to nurses, as it involves a question over which there has been much controversy. Superior Judge N. P. Conrey, of Los Angeles, has decided that if a nurse is engaged for a confinement case and the stork procrastinates two or three weeks, the nurse has no legal right to charge you for the time put in during the interim.



Announcements

We would call the attention of those interested in this department that in order to insure prompt publication all communications must be sent to the editor-in-chief at the publishing office, 38 and 40 West Thirty-second Street, New York City.

Miss Bertha A. Sonderman, Lake Mills, Wis., has the following books, which she would like to dispose of. No reasonable offer will be refused. First edition of Clara Week's "Text Book of Nursing"; "Hospitals, Dispensaries and Nursing"; "Chicago International Congress, 1893," containing all papers and addresses. The last mentioned is as good as new, original price \$5.00.




New York

Covers were laid for thirty-six guests at the banquet of the Nurses' Alumnae of the Syracuse Hospital for Women and Children in the Onondaga. There were seven small tables and one large one for the officers and speakers. The tables and both rooms were decorated with vases of pink and white roses, and during the dinner there was orchestral music.

Miss Hope Williams is president of the Alumnae and Miss Ella McDermott served as toastmistress. Toasts were responded to by Miss Elizabeth McDill, Miss Anna Bloomfield, Miss Ermina Shepard, Miss Myrtle Millane, Miss Julia Smith and Miss Hope Williams.

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which marks the period of transition from girlhood to womanhood, depends for its success upon the vital integrity of the blood stream, especially its hemoglobin content. A chloranemic circulating fluid, with its woeful lack of corpuscular bodies, renders menstrual initiation difficult and almost impossible.

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because of the rapidity and certainty of its vitalizing effect, comes promptly to Nature's aid in the establishment of normal functionation and at the same time markedly improves the general health and condition of the patient. Pepto-Mangan(Gude) is the one palatable, neutral, organic hemoglobinogenetic.

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A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

Personal

Miss Decker, formerly registrar of Long Island College Alumnae, has accepted the position as registrar at the Beal Nurses' Home and Registry, Boston, beginning her duties there January 1, 1913.

Miss Elsie Green of New York City, has accepted the position of superintendent of Nurses of the Dr. Benjamin F. Bailey Sanatorium, Lincoln, Neb.

Miss Emily Holmes-Orr, R.N., is visiting her sister Mrs. A. Mackenzie at North Portal, Sask., Canada, for the winter, having recently recovered from a very severe illness.

The Rehsom institute, conducted by Dr. Burr Burton Mosher, of Galen Hall, Brooklyn, N. Y., has engaged the services of Mr. Henry G. Cox, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, to take charge of its mechanical department.



Marriages

On September 10, at Bangor, Maine, Miss Mary E. Kincade of Bangor, nurse, class of 1909, Eastern Maine Hospital for Insane, and post graduate of New York Polyclinic Hospital, 1910, to Mr. James E. Reilley. Mr. Reilley is expert accountant for the Eastern Manufacturing Company. Mr. and Mrs. Reilley will reside on Sanford Street, Bangor.

On November 25, at Syracuse, N. Y., Miss Mary Dineen, class of 1899, Troy Hospital, Troy, N. Y., to Mr. Henry Down of Meriden, Conn. Mr. and Mrs. Down will reside at Meriden.

On November 27, Miss S. May Smith, graduate of Freedmen's Hospital Training School, class of 1897, to Mr. Spencer Holmes of Memphis, Tenn. Mrs. Holmes has been school nurse in Memphis and will continue with the work. Mr. and Mrs. Holmes will reside in Memphis.

On September 18, 1912, at Centerview, Missouri, Miss Nellie E. Ross, to Mr. Wm. H. Weaver, of Moville, Iowa. Mrs. Weaver is a graduate of the class of 1907, Bethany Hospital Training School, Kansas City, Mo.

On November 27, 1912, at Dubuque, Iowa, Miss Leona Page, graduate of Rebekah Hospital,

St. Louis, class of 1910, to Dr. M. H. Scheele, of St. Louis, Mo. Dr. and Mrs. Scheele will reside in St. Louis.

On November 9, Miss Edna Robey, of Rising City, Nebraska, a graduate of the David City Hospital Training School, to Mr. W. J. Graham a prominent attorney of Aledo, Illinois. Mr. and Mrs. Graham will make a trip to the Pacific Coast after which they will be at home in Aledo.

On May 28, 1912, Miss Mary Madge, class of 1910, of Columbia Hospital Training School, Wilkesburg, Pa., to Mr. R. H. Banks. Mr. and Mrs. Banks will live at Oakmont, Pa.

On June 12, 1912, Miss Ella Wilson, class of 1910 of Columbia Hospital Training School, Wilkesburg, Pa., to Mr. W. G. Peterson. Mr. and Mrs. Peterson will live at Wilkesburg, Pa.

On June 12, 1912, Miss Ethylin Elliot, class of 1910, of Columbia Hospital Training School, Wilkesburg, Pa., to Rev. B. E. Myers. Rev. and Mrs. Myers will live at Shannon City, Iowa.



Births

On October 14, 1912, a daughter was born to Dr. and Mrs. Jos. Edgar. Mrs. Edgar is a graduate of class of 1909, of Columbia Hospital, Wilkesburg, Pa., and Dr. Edgar was house doctor at the same institution. The daughter, Helen Jane Edgar, is acknowledged as the grandchild of the hospital and was presented by the board of managers with a silver loving cup.

On October 8, 1912, a son to Mr. and Mrs. N. H. Benton, of Holyoke, Mass. Mrs. Benton was formerly Miss Grace Shannon, graduate of Holyoke City Hospital Training School.



Deaths

On December 5, at Allegheny General Hospital, of diphtheria, Miss Andra Powell, a nurse in training. Though Miss Powell had been in training only eight months, by her aptness for the work and her beautiful disposition she has made a place for herself in the profession of nursing that cannot be filled, and her loss will be keenly felt by all who knew her.

Intractable Coughs and Colds

—owing their prolongation to constitutional or systemic weakness
—are usually bound to continue until the nutrition and vitality of the whole body are substantially improved. The well-known capacity of

GRAY'S GLYCERINE TONIC COMP.

to spur physiologic processes, promote functional activity and restore the nutritional tone of the whole organism, readily accounts for the benefits that promptly follow its use in all affections of the respiratory tract.

¶ When local remedies fail, or at best give but temporary relief, "Gray's" can be relied upon to so reinforce the natural protective and restorative forces of the body that even the most persistent catarrhal diseases are quickly controlled and overcome.

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New York

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New Remedies and Appliances

The Care and Feeding of Infants

The Mellins Food Company of Boston, Mass., issues an artistic booklet with the above title, and as the company has signified its willingness to supply nurses with this booklet free of charge every nurse engaged in obstetrical work should avail herself of the offer. The booklet gives instruction in infant feeding, with numerous recipes. It also contains valuable suggestions regarding the baby's room, bathing and cleanliness, sleeping, clothing and exercise. It is beautifully illustrated with fascinating babies of all ages. It also contains illustrations of baby's clothing which will prove a practical help to the young mother. In the back of the booklet will be found decorative record sheets for recording the Birth, Weight, Baby's First Word, Baby's First Step, Important Happenings, and Baby's First Birthday. Before you go to your next obstetric case, provide yourself with one of these delightful little booklets to leave with the mother when your duties are ended.



Formacone

Time and again in your nursing experiences you have been called upon to do something to improve the atmospherical conditions of the sickroom. The air is pungent and heavy, and it is not always possible to open windows and permit the circulation of fresh air.

By means of our original method of combining formaldehyde (a germicide) and eucalyptus (an antiseptic) in precise proportions, and causing dissemination through the porous walls of the Formacone "The Breath of the Pines" can be transported from the mountains to the sickroom.

Formacone is used by all the leading hospitals, sanitariums, schools and boards of health the country over. See advertisement in this issue.



O'Sullivan Rubber Heels

The use of rubber heels has become so great among hospitals that now it is a very rare occurrence to hear a nurse tramping along the hard floors with leather heels. Nurses are really truly grateful to Humphrey O'Sullivan for giving them that resilient, springy little cushion which has

done so much to prolong their freshness and prevent fatigue during the long hours of duty.

The great majority of hospitals require the wearing of rubber heels, because they feel that it is essential to the welfare of patients who, in many cases, are extremely sensitive to the slightest noise. Rubber heels mean O'Sullivan's, for they are the standard heels of new rubber with all the spring in them. This standard has been due solely to the quality, as the wearer well knows.

To the nurse who has never worn O'Sullivan's, the accomplishment of twice as much work with less effort, the fact that live rubber outwears leather, and the general appearance of efficiency are points which should appeal to her strongly.



Delightful Invention

The Ozone Electric Blanket is a most admirable achievement in electric science, it is a safe means by which all can enjoy the healthful benefits of comfortable sleep in the fresh air in cold weather.

The blanket is very light, soft and flexible and weighs less than half as much as your lightest comforter or blanket. It is covered with a beautiful, soft covering of the best satin and can be folded easily into a neat, compact form when not in use. Altogether it is a valuable invention that you merely have to see to appreciate.



G. Washington Coffee

Making coffee in a cup at your table is the new way of preparing your breakfast beverage. It is the simplest, quickest and easiest of methods. All that is required is fresh boiling water and a three-quarter teaspoonful of G. Washington Coffee for each cup—no pot, no boiling, no bags, no grounds, no eggs.

There is no waste, no muss, no lost strength, no uncertainty. Nothing needed but boiling water and the always ready Washington Coffee. The result is the most delicious coffee that you have ever tasted—exquisite in flavor and of appetizing aroma. And, best of all, it is absolutely pure coffee of finest quality—rich in nutriment and all the stimulative properties of the original coffee

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or in the HOME there is none "just as good" as

MENNEN'S BORATED TALCUM TOILET POWDER



None as pure and safe for "Mother's Baby" or "Baby's Mother."

Physicians and Trained Nurses, and thoughtful Mothers everywhere give the preference to Mennen's above all others.

They know from their experience what is best, and why absolute purity is absolutely imperative.

Mennen's not only smooths, but soothes the skin; not only hides, but heals the raw, or roughened surfaces.

Mennen's Borated Talcum Toilet Powder

is as perfect as Experience and Science can make it.

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's Sample Box for 4c. Stamp



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Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues; water-soluble, non-greasy and non-corrosive to instruments. "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sounds and whenever aseptic or surgical lubrication is required.

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"Tycos" Thermometers

Temperature, or the state of heat, of the body and the surrounding atmosphere, must be kept in their proper relation if the health and efficiency of the individual is to be preserved.

Artificial heat is the cause of not only much discomfort, but even sickness, and should be carefully regulated, especially in the home where there are young children. The remedy is in "the 'Tycos' Thermometer Habit." Comfort and Health in the Home, and Efficiency in the Office, School-room and Factory are highest when the "Tycos" Thermometer indicates 68°F.

When you make gifts, choose something distinctive, that is useful and reflects "personality." "Tycos" Thermometers make practical and desirable gifts for all occasions.

Taylor Instrument Companies, Rochester, N. Y.



Normal Secretions

Prunoids produce their results by stimulating normal secretions, rapidly increasing the fluid contents of the feces, and gently increasing peristalsis. They are extremely palatable, easily taken by even young children, and when brought in contact with the secretions rapidly disintegrate and produce their specific medicinal effect.



Sterilizer Control

In spite of the perfected state of the sterilizing apparatus of the present day, it is necessary that a constant watch on the condition and manipulation of the apparatus be maintained so that defects be at once discovered and remedied.

The only check we have had up till now is the bacteriological control but even at best this is cumbersome and available only where a laboratory is part of the hospital's equipment. Even then, a delay of twenty four hours is necessary before the efficiency of sterilization can be known.

The unique and ingenious invention, "Sterilizer Control—Diack" has obviated all of the disad-

vantages of the bacteriological control and put into the hands of all superintendents a means of knowing immediately the efficiency of the sterilizing routine.

The device has been subjected to the most rigorous tests and is being employed with great satisfaction in institutions where certainty of sterilization is sought.



Something New

A new idea in Nurse Records is being advanced by the Physicians' Record Company of Chicago. They are providing record sheets (9½ x 6, a size which is not cumbersome) together with a ring book of black seal grain leather. The leather book, which will fit into your bag, insures neatness and convenience in keeping records. The sheets also are provided separately.

The Physicians' Record Co., has brought out a system which is a standard among the medical profession. Their outfit for nurses reaches the same high standard of efficiency.



Postum

The steady, increasing demand, among all classes of people, for Postum as an agreeable, hot table-beverage, clearly indicates the high estimation in which this wholesome "cereal" coffee is held. The more people come to realize that coffee and tea contain an alkaloid which, while useful in the hands of a physician, is harmful in a beverage—the greater will be the call for Postum. This article is made of clean, hard wheat (including the bran coat, with its heavy mineral content), and a small per cent. of molasses. When made right—boiled till rich and dark, as per directions on package—Postum, with good cream, is really a pleasant, wholesome drink.



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DR. J. C. LIEDERBACH,
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Dear Sir—I am glad to see your advertisement in THE TRAINED NURSE, and hope that every nurse needing glasses will call upon you or send in her prescription.

Your glasses have given me complete satisfaction and your examination gave me the same result as one of the best oculists in the country. He said: "Whoever fitted your glasses understood his business. I will not change them."

My friends also have been more than satisfied

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, has extended and enlarged the scope of this teaching and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course average over ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

Instruction both theoretical and practical is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately. Lectures by Dr. H. P. Boyer.

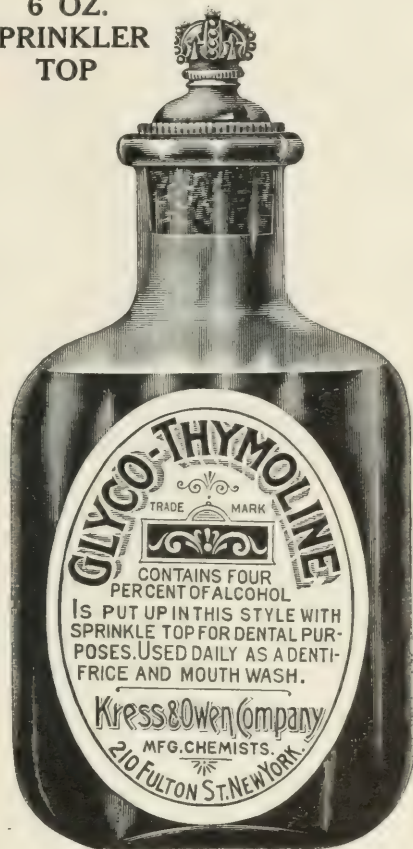
This course lasts four months, and the fee is \$25.

Examinations both practical and theoretical are required at the end of both courses.

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with your courteous treatment, good work and unusually reasonable prices for reliable glasses.

I hope many nurses will call at your store and that they will also recommend their friends and patients.

Very truly yours,

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(N. B.—This letter is an unsolicited testimonial.)



Dietary Kitchen

Secondary only to the Operating Room, if there is one place in the hospital more than another where scrupulous cleanliness and sanitary methods should prevail, that place is the Dietary Kitchen.

For what advantages would sanitary precautions in other departments avail, if the patient's nourishment was prepared with no care, or at best with little regard to sanitary requirements. It is in the Dietary Kitchen that almost innumerable uses will be found for Wyandotte Sanitary Cleaner and Cleanser. Wherever this article is brought to the attention of those in authority the use of all soap, soap powders, sal soda, or like washing compounds is invariably discontinued.



A Whole Food Readily Assimilable

A product for artificial feeding that is a whole food completely assimilable without waste product to clog the alimentary tract or encourage fermentation processes should appeal with particular force to the medical profession.

Benger's Food will meet the most critical requirements of the Pediatrician or the general practitioner who requires a food containing the greatest possible nourishment in the most compact and convertible form.

In Benger's Food, the presence of enzymes acting upon both the food and the fresh milk with which mixed, produces physiological action, converting the carbohydrates of the food into soluble sugars and changing the protein of the milk so that dense curds are not formed by the action of the gastric juices.

A doctor in Salt Lake City recently wrote us: "My interest is vital, as your food has practically snatched my baby from a death-bed."

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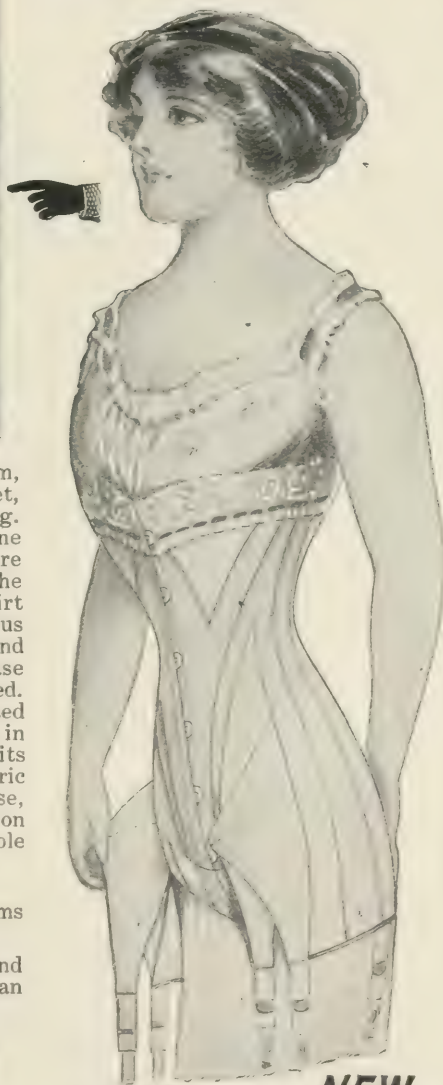


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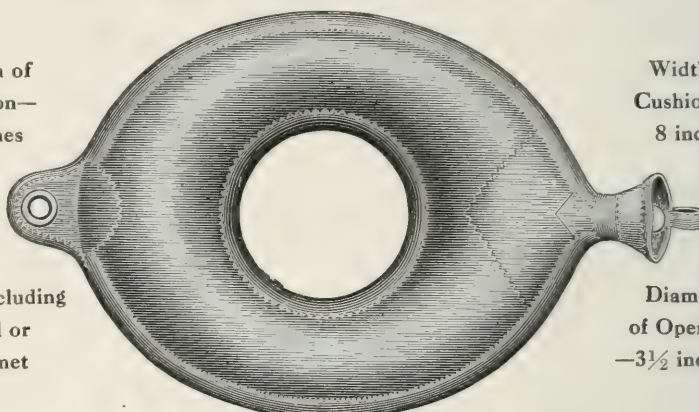
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The Trained Nurse and Hospital Review

VOL. L.

NEW YORK, FEBRUARY, 1913

No. 2

Hospital and Training School Relationship

ALFRED WORCESTER, M.D.

THE development of training schools for nurses depends mainly upon the kind of relationship between the schools and the hospitals with which they are connected. There are three principal kinds of such relationship.

First, where the educational institution owns and manages the hospital; second, where the hospital owns and manages the school, and, third, where the two institutions are under separate management, but more or less closely affiliated.

I. To the first class belong the hospitals and schools of the Protestant deaconesses and the Roman Catholic sisterhoods. Some of them are very old and famous. But in this scientific age it is generally believed that such connection between the hospital and church has been outgrown. But these institutions have a tremendous economical advantage over other hospitals, and it is not at all unlikely that we shall yet see a great revival of the church hospital and training school, as we have lately seen in this country a great development of church day schools.

II. In America the hospital ownership of its training school is nearly universal. The wonderful increase in the number of training schools during the last quarter century has been primarily due not to a widespread educational movement for the benefit of young women, in order to fit them in the best pos-

sible manner for the subsequent practice of nursing, but rather to the recognition on the part of hospitals that student nurse service is better and cheaper than any other nursing service available. Owing partly to this economical discovery the number of hospitals in the country has increased tenfold within the past twenty years, and nearly every one of them now owns a training school. Hospital nursing meanwhile has been revolutionized. Too much cannot be said in praise of its present efficiency.

Although many of the hinderances to nursing advance are due to this subservience of the educational to the eleemosynary institution, nevertheless, so firmly is this custom entrenched that even those who recognize its great disadvantages still accept the arrangement as inevitable. But the tide is turning, and there are many signs that the emancipation of nursing schools is at hand.

It is surely well for those who are interested in the education of nurses to look squarely at all the obstacles thereto. We can then plan to surmount them. Almost all of our hospitals are governed by trustees, who are elected or appointed solely for the efficient and economical management of the hospitals. The nurses' training schools belonging to these hospitals are merely side-shows. Whatever interest in them the hospital trustees may have is due primarily to

their anxiety for most efficient and economical nursing service. The resident physician or medical superintendent of the hospital is merely the salaried agent of the trustees. It is his first business to suit them, and the matron of the hospital and superintendent of the training school is merely one of his assistants.

Of course, as we all know, some hospital trustees and some hospital superintendents are also interested in the higher education of their nurses beyond the hospital's immediate advantage, but to such men this is a secondary and not a primary interest. In point of fact, it is seldom even that much; for there are very few hospital trustees in this country who make the management of their hospitals a matter of first interest. What, then, can be expected of them in advancing the profession of nursing? It would be just as sensible to expect hospitals to manage medical schools to the advantage of the profession of medicine as it is to expect any advantage to the nursing profession from the hospital's ownership and management of the training school. The hospital depends upon practically gratuitous nursing and medical service from students of nursing and of medicine who are glad of the opportunity for practice that such service affords. If it be said that the medical students who serve as internes must have had previous education in the medical schools, it can be as truly observed that student nurses ought also to have preliminary and preparatory education before being given practice in the wards. And why, it may well be asked, should it be expected that young women must learn their anatomy and physiology, for instance, while hard at work, when their brothers in the medical school are allowed all of their time for these studies? The unfairness of this discrimination against the nursing profession is not lessened by the fact that a shorter course of preparatory education is needed for the student nurse before she begins the actual practice of nursing

than is needed by the medical student before he is given practice even in out-patient assistantships.

All medical schools offer opportunities for this preparatory education. Why do not all training schools do likewise? There is but one answer. The hospitals which own the training schools think they cannot afford the expense of preparatory courses. And yet many of these same hospitals pay to their student nurses in small monthly stipends as much as proper preparatory courses would cost.

The cause of this and also of other glaring anomalies in the present regime is easily found in examining its development. Before their training schools were started, the hospitals depended for their nursing service upon hired servants often of the lowest class. When these toughened women were displaced by student nurses, the same wages were paid and too many other of the same conditions remained in force. It is very true that many of these hardships have been ameliorated, but the fact remains that hospital student nurses do not yet have anything like a fair chance for acquiring such an education and training as will best fit them for future usefulness.

The defenders and advocates of the present system of hospital owned training schools maintain that the only education needed by nurses can be acquired in the actual nursing of a great many cases. We need not stop to discuss this proposition, further than to point out the fact that only a certain amount of nursing service can be given by any one nurse and, therefore, it matters not by how many hundred or thousand other cases she is meanwhile surrounded. For even if it be admitted that a nurse's proper education is provided for in the opportunity to see and to nurse a great number of patients, it surely cannot be gainsaid that the variety of cases thus available is at least of equal importance.

In a great general hospital the medical

internes, it is true, have the chance of seeing many rare diseases, and very many cases of the common diseases. To a less extent the student nurses also have this advantage. But inasmuch as hospitals admit only certain forms of human helplessness, it necessarily follows that the hospitals afford their nurses correspondingly restricted opportunities for their education. Thus, in one hospital there are no contagious cases, in another no obstetrical cases, and so on. Worse than this, the special hospitals that receive only women patients, or children, or only mental or nervous cases, all have their training schools.

Some few hospitals have lately tried to arrange for their student nurses exchanges of service, but this movement, which is of great educational promise, is beset with difficulties. The interests of the different hospitals clash, and even where they are virtually under the same management this exchange of service, after having been proved most desirable from the educational point of view, has been discontinued. Such arrangements for the broader education of nurses, however, can very easily and naturally be made by the independent schools.

But, even with all the possible advantages of service in several different hospitals, there is still lacking in hospital training schools the opportunity of learning how to care for the common everyday ailments and invalidisms and helplessness, which are never admitted or, if by accident admitted, are never allowed to remain in hospitals. And yet in the actual practice of both physicians and nurses by far the larger service is to just such patients.

Not only are nurses whose training has been solely in hospital wards under the disadvantage of never having even seen many of the common forms of human helplessness, but they go out to private practice under the still more serious disadvantage of never having learned to take care of patients in their own homes, surrounded by their fami-

lies. This is the chief cause of the dissatisfaction on the part of the medical profession and the laity with modern nurses. When the patient is acutely sick, and especially when a serious surgical operation is necessary, then the modern nurse is recognized as a blessing. She is then in her own element, for success depends upon transforming the home into a hospital. But, when the successful treatment of the patient as well as the happiness of the patient's family depends, as in nine cases out of ten it does depend, upon keeping the home from being turned into a hospital, then the modern nurse is not so sure of being thought an angel. For it is one thing to be able to take excellent care of a dozen patients in a hospital ward, where all materials are at hand, and where no thought need be given to the domestic arrangements, and it is quite another thing* to take good care of a single patient in her own home, where no proper appliances are available and where the whole household machinery is easily upset.

Of course this very different kind of nursing can be afterwards learned by graduates of the hospital schools. As we all know, many such become excellent private nurses. But such ability is gained not where it should be gained, during the nurse's student-ship, but in her subsequent practice, where the nurse is paid maximum fees. This serious educational disadvantage in the hospital schools is fast being recognized by all teachers of nursing, and many hospital schools are arranging for the instruction of their student nurses in district visiting nursing. What, then, prevents the general adoption of this improvement? Again the same answer—the hospitals cannot afford it, they cannot spare their student nurses.

Here we have the underlying disadvantage in the hospital ownership of its training school. In such subordination of educational ideals to utilitarian ends no real professional advance can be expected. Even in the manual training schools, where pupils

are fitted only for trades, the product of the pupil's endeavors is of only secondary consequence. The pupil's education and training is the sole purpose of these schools. But in the hospital nursing schools, on the contrary, the usefulness to the hospital of the student nurses's work is the only consideration. Even her health is of minor consequence.

III. Before considering the advantages of affiliation between separately governed nursing schools and hospitals we may well bring into view the kind of training school required by our present ideals of nursing. General agreement here can hardly be expected. For some of the growlers and grumblers against modern nurses say that nurses are already taught too much, while others say they are not taught enough. But probably most critics will agree that the prime object of the nursing schools ought to be the education and training of student nurses for their subsequent service. And as only a small and a constantly decreasing porportion of them after their graduation find employment in hospitals, and by far the larger number engage in other service, it surely will be agreed that hospital nursing should be considered as only one department of the nurse's education and training. Two other equally important departments are private family nursing, and public service as visiting nurses, in district work and in school and tenement house inspection. The ideal nursing school, therefore, should fit nurses for these three different services.

As regards the department of hospital nursing, little need be said. In that respect the training schools of the present day are most proficient. That is because the schools exist for the primary benefit of the hospitals, and because they are so entirely controlled by hospital trustees. Were the training schools controlled, as are all other schools, by educational boards, whose primary purpose is the education of their students for their highest future usefulness, there

can be no doubt that at least equal opportunity would be afforded in the training schools for education and training in the other departments of nursing.

For instance, proper preparation for private family nursing includes thorough education and practice in all branches of house-keeping. In wealthy households the nurse, it is true, may not need such knowledge, but in the average family, and especially when the mother is the patient, a nurse who is not a proficient housekeeper is worse than useless.

And again in the departments of visiting nursing and school inspecting, where trained service is now in rapidly increasing demand, proper preparation requires special courses of instruction and full opportunity for practice under teachers who have mastered these specialties of nursing. Further instances need not be specified in support of our main contention that the ideal training school must prepare nurses for the kind of service the public demands. And is it not self-evident that such training schools can be inaugurated and maintained only under the management of educational boards?

Inasmuch as more than nine-tenths of our nurses are women, it is certainly fitting that the majority of the educational boards in charge of training schools should be women. And so fast as possible these boards should include in their membership graduate nurses who have become permanent residents in the neighborhood. In the case of many of the smaller hospitals, their boards of managers fulfil these requirements, and might naturally be thought perfectly competent to manage the training school as well as the hospital. If so, it still is important that there shall be two separate organizations, even of the same people, as managers of the two very different institutions—the hospital and the school.

But it is of far greater importance than the composition of the board of trustees that the direct management of the nursing school shall be vested in a faculty of teachers. This

requirement is a *sine qua non*. No real school can possibly be otherwise managed. Without schools so managed no profession can advance.

If this ideal of the nursing school be accepted—that it shall be managed by a faculty of teachers responsible only to a board of trustees, a majority of whom shall be women—then the advantage of an organization separate from that of the hospital becomes very plain, at least so far as the interests of the school are concerned. And our inquiry now should be directed to the effect upon the hospital of such a separation.

Those who believe in continuing the customary subordination of the school to the hospital are always urging the necessity of having one responsible chief, who as the superintendent of the hospital shall have absolute control of every person on the premises. That is all very well. No one will dispute that. But why should such a chief have any more control of the school that furnishes the nurses than he has over the school that furnishes the medical and surgical internes? The student nurses who are sent to the hospital for their training must, of course, while in such service be absolutely obedient to the hospital organization. Failure in this respect should in their case, as in the case of the internes, involve their instant dismissal from the hospital's service. Moreover, it may well be provided that the matron of the hospital and her permanent assistants should also be members of the faculty of the nursing school. This would inure to the benefit of both institutions.

One great advantage of having separate organizations for the school and the hospital comes in the relief that such separation gives to the hospital management. As a member of the faculty the hospital matron can well afford to give her advice and assistance to the school. In that faculty she is in charge of the department of hospital training. But she is relieved of the over-

whelming responsibility now resting upon most hospital matrons of managing also the preparatory and all other departments of the training school. If it works well in the best private hospitals, instead of maintaining training schools of their own, to employ only student nurses from other hospitals which have their schools, why should it not work equally well in all hospitals to employ only student nurses from independently organized schools? The answer is that wherever tried this kind of affiliation between school and hospital does work well for both organizations.

If the scheme be considered only from the financial viewpoint, the arguments are wholly in its favor. There is no reason why hospitals, supported by charity, whether public or private, should pay more for nursing service than for medical service. The permanent officers of the hospital, both nursing and medical, must, of course, be paid salaries; but the constantly shifting force, both of student nurses and of medical internes, if given board and lodging, are sufficiently paid in the opportunity thus afforded for acquiring practice in their professions. Were this principle more generally recognized, the hospitals would feel more free to maintain an adequate nursing force, and the student nurses would be emancipated from many of their inherited servile hardships.

Against the separation of school and hospital may be urged the impossibility of the nurse's serving two masters. Such objection entirely misses the mark. For it is the nurse's business first, last, and all the time to serve her patients in absolute obedience to medical direction. This is also the business of the whole hospital organization of which the nurse is a part. The whole purpose of the nursing school is to fit her for this service, and, therefore, in perfect loyalty both to her school and to her hospital there can be no conflict. Her duty to the one involves her duty to the other.

Religious Problems of Nurses—Religion and Truth

ANNETTE FISKE, A.M.

THE present is a time of unrest and change along many lines, but especially, perhaps, in matters pertaining to religion. The charge is frequently made that the churches are empty, that people are indifferent to religion, and it is true that one finds many people with little or no regular religious belief. Many nurses lose their faith in the course of their training and find it hard at times to keep their religious belief in which they have been reared. Why is this? Is the trouble with the nurses or is it with the churches that fail to hold them? Have the churches kept abreast of the times and do they offer teachings that appeal to mind and experience as well as to the heart?

In a sermon recently I heard a minister tell the story of a young man who had planned to study for the ministry. When his college commencement was approaching, he went to one of his professors and told him he had long meant to be a minister but that he should have to give up the idea, there was so much he could not believe that he felt he could not enter the ministry. His professor said to him: "You are laying altogether too much stress upon what you do not believe. Go and write down all you *do* believe beyond any doubt and then return and we will talk it over." The young man was rather taken aback, but he went away and taking a sheet of foolscap he began writing down what he did believe, as: "I believe that the life of Jesus is the life I ought to lead"; "I believe the God Jesus worshipped is the God I ought to worship," and so on until he had filled both sides of his sheet of foolscap. "And now," the minister went on to say, "that man is one of the happiest ministers there is." This story teaches a lesson we should all do well to take to heart. We need

to lay our emphasis upon the positive, not the negative facts of life, on the things we can believe, not on those we cannot believe. The churches are gradually coming to realize the truth of this and are laying less and less emphasis on the fact that many of their members cannot believe parts of their teachings so long as they do accept the main facts of the fatherhood of God, the brotherhood of man and the leadership of Jesus. The creeds were formulated many centuries ago and at that time harmonized fairly well with man's knowledge of the truth. As man has progressed, however, and his knowledge of truth has grown and expanded, he has come to need a higher and broader expression of his religion. The same strictness of belief is not always actually required, as it used to be, for the churches realize for the most part that such a requirement would alienate many members; but the creed is still held, nominally at least, to be the truth, the whole and perfect truth, revealed once for all to man.

People may maintain that the spirit is a higher power than the mind or the reason, but it is evident that only through the mind and reason can that spirit observe and act. Each must use these faculties, given him of God, as a test for the truth, for that alone is true for us which gains the sanction of our reason and so wins our confidence and faith. This does not mean that our philosophy of life must rest upon our own individual experience alone. That would mean the waste of all the centuries of human experience that have gone before. We should be ready to use this great fund of the experience of others, but we should not accept from it anything that does not ring true to our own feelings and experience, to our spirit. In

religion, as elsewhere, the first thing needed is an open mind, that the truth may ever be welcomed. Each of us must judge of the truth for himself. If the authority of a church appeals to you as conclusive of the truth of its doctrines and you see no better reason for belief in other forms of religion, you should join that church by all means; for to you it represents the truth. But if you cannot accept the doctrines it teaches, if your reason keeps insisting that whatever all the worthies and wise men of the church may say, those doctrines cannot appear true to you, do not lose courage, far less lose your faith in God. If the truth is not there, yet the truth exists in the universe, a truth that has its appeal for you and to which you can subscribe with all your heart. Examine the world and men as you find them and as history says they have been and search out the eternal truths revealed in their lives and characters. Never fear the truth. It can hurt no one. It is the most beautiful thing we have or can hope to have. For if you observe well, you will learn that only the good is true and eternal and that the evil is a passing phase, an element of the imperfection of the world. Every thing, every person, however bad seemingly, will be found to have his good, his true side. For what is truth but the eternal facts of the universe, as revealed by God to man through the ages? What is the test of truth but human experience sanctioned by reason?

People are not even yet sufficiently alive to the serious duty they owe themselves in the matter of health. Far too many doctors and nurses, to say nothing of others, wilfully disregard the laws of health and then lament over the ill-health that follows. Very much the same thing is true in regard to the moral health. People expect to disregard the moral laws where it suits their pleasure to do so, and then when they are blamed or their nature deteriorates and they become outcasts of society, they lay the blame upon circumstances, society, the world in general.

So far as they sin through ignorance of the moral and spiritual laws, they have some excuse, unless such ignorance is voluntary. They should be given by those more fortunate than they an opportunity to learn these laws and the importance of obeying them. This is where the church finds its function. For the function of the church is to hold up ideals to the people and help them to realize them. Unless it teaches them to lead better lives, to respect the laws of God and live in harmony with them, its teachings amount to very little. There are churches of many doctrines and in all there are people of model lives, who obey God's will in the fullest and truest sense. It is not the doctrines that matter most. If they help the worshipper to know goodness and truth, to act with justice and mercy to men, they accomplish their purpose; otherwise, they avail nothing. What matters it that you believe in the Fall and the Atonement if you are not ready to help those about you to better and happier lives? That atheist, so-called, who leads a happy, useful life, is a better and more religious man than the so-called Christian who attends church but cheats his neighbor. Face squarely all the problems that arise in the field of religion, as elsewhere in life, consider them carefully and weigh the arguments for and against, realizing that the truth will always bear thorough scrutiny. Accept the truth as it is borne in upon you and thank God that He has given you the power to know the truth in your own heart.

It sometimes seems as if the great unrest of the present time was due to a generally awakened consciousness of the need of a practical religion, of righteous conduct in business and public life, as well as in private life, a revulsion against the firmly established principle of what is known as political economy, the survival of the strongest. The love of money and material prosperity fostered by this false principle that all is fair and right in business is meeting with opposition from the newly awakened public con-

science. Too long has religion been divorced from everyday life, rather a matter of church attendance and of theory than of practice. The church must take its place as a world force, as a practical element in the good conduct of life, or lose its power. Our religion should be first and foremost a matter of everyday conduct. The reality of the brotherhood of man and the duty of helping the poor and helpless, to say nothing of nearer neighbors, is at last coming home to people, and they are beginning to realize the futility and sin of selfishness. Social work, the helping of those in need by those better off, is the great interest of the day. If when you see so much evil in the world and the wicked often flourishing from a worldly point of view, you are inclined to ask, "What is the use? Why try to be good?" look back through history and you cannot but see a general advance in morality and standards of living. How have they been brought about, but by the efforts of those who did think the good worth while, to

whom evil was a challenge and the joy of well doing the prize of life? No one knows how much influence his conduct has upon those about him. That another errs matters not to you. No one can make you do wrong against your will. Your duty is to follow the good so far as you can see it. You are responsible for yourself primarily, then for those about you so far as you can serve or influence them. Any one can join in the movement for better moral conditions and will soon realize from personal experience the blessing that comes with well-doing.

Discontent disappears and a good basis is laid on which to rest faith in God and faith in man, for faith is the result rather of action than of argument, and cannot be divorced from the life of righteousness. After all, Jesus taught no doctrines or beliefs, but a love of righteousness and well-doing, and he is the truest Christian who tries to follow in his footsteps and lead an upright and unselfish life.

TRAINING OUR SIGHT

Perhaps there are not very many of us that have not made the discovery that it is a great deal easier to be severe on other folks' sins and shortcomings than on our own. It seems quite easy to get our magnifying glasses into focus when we are looking outward, but extremely difficult to do so when we are looking at ourselves. The chances are that other folks' failures and faults are

not nearly as large as they look to us, and it is more than likely also that those of our own that we see are considerably larger than we see them, and that we even have a few that we have hardly yet caught a sight of. Really, the time many of us spend searching around for other people's sins might be more profitably employed.

• SELECTED.

Rural Visiting Nursing*

ADELAIDE MABIE

WHEN St. John was stranded on the island of Patmos, he was bidden to write a paper to the seven churches of Asia.

In all probability John bit the end of his stylus, perplexed to know how to begin and where. A voice came to him, saying: "Write the things which thou hast seen." This sage piece of advice has been passed down through countless generations of would-be writers from the first to the twentieth century. So, to write that which I have seen will be my endeavor in this paper; interspersed, probably, with what I may have heard or read on the subject.

The first thing that comes to my mind is something I saw on a trip through Oregon. A goodly flock of sheep were huddled together in one corner of a large green pasture, each intent upon securing its own little blade of grass; only three or four had tackled the resources of the great unknown outside the densely populated section; there they grazed at leisure, free from crowding, pushing and trampling.

At the time it appealed to me as a very apt illustration of the medical and nursing professions. Colleges and training schools turn loose, yearly, flocks of new wage-earning professionals who crowd and jostle one another in our large cities; they cannot be made to believe that beyond city limits some of them are sorely needed; that there is work for them to do in rural districts, and work that is worth while.

During my professional life I have seen, as doubtless many of you have, that the city hospitals are largely supported by rural patients. I have seen cases where homes and farms were mortgaged to keep such patients in these hospitals, and then, when all resources had been exhausted, the patients

returned home; not, perhaps, benefited as much as they might have been had they not been worried over expense; or they returned too soon and not being able to have the supervision and care required, their last state was worse than the first, since they knew they had done everything possible, and there was *no hope left*.

The time, surely, must come when every community of five hundred and over will have a physician, who is also a *good surgeon*, a small hospital equipped for all the modern methods of meeting emergencies, and a *visiting nurse* who will live in the hospital—the expense to be met by the community.

Even as the large factories and department stores find that it is to their interest to pay the expense of doctor, nurse, dispensary and rest room, in order to keep their employees in condition by looking after their small injuries, so will our rural population find it to their advantage to have the best outfit they can secure to keep their own and their children's bodies in the best possible repair, *at home*. Think of it! Five dollars a year from five hundred adults would be twenty-five hundred dollars—enough, and more than enough, to support such a public utility in most rural sections. But this is a bright and shining object for the future, something to be prayed and worked and fought for; what most concerns us now is how to meet present needs.

Wherever rural nursing has been inaugurated, it can be traced back to some pioneer nurse who "blazed the trail"; always one so imbued with the spirit of her work and the love of humanity that she counted sacrifices as privileges which gave her place with those who, since Christ was on earth, have been doing the greatest and noblest work of all the centuries—the work for betterment of

*Read at the Meeting of the California State Nurses' Association.

humanity. Such a nurse would never think of considering, "What is there in it—*for me?*" but rather, "What are the needs of this community, the sick, the lame, the blind, the ignorant and the little children; how can I best help them, out of what I have to give from my knowledge and experience? What is there in it—*for them?*"

Wherever the rural nurse may go, whether to the mountains of Carolina and Tennessee, to the broad prairie districts or to the mountains and canyons of California, she will meet the same conditions, the same problems as in the slums of New York and Chicago—ignorance, vice, traditions and superstition are not changed by climate and environment; they make their own environment, and climate is sadly handicapped where there is gross ignorance of hygiene and sanitation.

There is not a machine used in the work of man which does not receive from him the necessary amount of time and attention to keep it in proper working condition, save only the one machine given for the use of a lifetime, which can never be replaced—the man's own body. On farm or ranch there is not a young colt, calf, lamb, pig or fowl whose needs for proper growth and development are not better understood and attended to than the growing child.

In the large civic centers where betterment work has been developing for the past decade or two, the situation is met, to a large extent, by children's hospitals, dispensary clinics, pure milk depots, doctors and nurses of the boards of health and education, day nurseries and settlement workers; but in rural districts, with rare exceptions, there is nothing of this kind. It is in the out-of-the-way country places that we find the so-called incurables—children with "Pott's" and hip diseases, scoliosis, infantile paralysis, club foot, adenoids, chronic otitis, eyestrain, skin diseases and even malnutrition. I have found marasmus in the country equal to any that can be found on the East Side of

New York City, and with no reason for it but ignorance, for there were quantities of good air, water, sunshine and milk, but the baby was not allowed to have any of these things—hence, marasmus.

Granted, then, the great need of rural visiting nursing; how is it to be obtained? How are we to answer this call of mountain, plain and valley? From an article on "The Civic Nurse," in a Boston Sunday newspaper, I take the following:

"In city and country alike, the civic nurse is teaching health. In the mountains of North Carolina Miss Lydia Holman rides from cabin to cabin, with nursing supplies strapped to her saddle; her district is large and the distances are great, often five to twenty miles between families, and her work is often outside the nurse's province—minor surgical operations, general medical cases and the extracting of teeth are part of her regular routine. For pay she accepts whatever she is offered—chickens, potatoes, corn, oats, hay and wood, or whatever there may be an over-supply of. In this way she pays for her cabin, her horse and her food. She is a missionary of human conservation.

"In the midst of rural Virginia Mrs. Thomas Nelson Page has established a center for visiting nurses—a little white cottage called "Pinecote," from which the nurses travel through the country to teach people before they are sick, as well as to nurse them in sickness."

Here are two ways of answering the call; Miss Holman's way is the exception, Mrs. Page's way the rule; that is, visiting nursing is frequently provided for in country districts and small towns by the philanthropy of one individual or by a family as a memorial, or by a bequest.

When I mention "the pioneer nurse" who blazed the trail of rural visiting nursing, I was thinking of Miss Holman, of Miss Ellen Morris Wood, the founder of the North Westchester County work—and of a few other nurse heroines.

The major part, however, of rural work is done by local associations, some covering one town and its suburbs, others—like those of North Westchester County (N. Y.), Simsbury, Conn., Derby, Conn., etc.—covering several small towns and villages, each town having its own auxiliary committee and supply room. These associations employ from one to ten nurses who teach and train helpers from local material.

Some of you know of my own experience—or perhaps it should be called experiment—in the Ojai Valley.

It is now two years since the proposition of a visiting nurse was brought before the valley people; the conception of the idea materialized the following autumn into a committee under the auspices of the King's Daughters, and afterward, during the winter, it developed into an independent association which is still alive and active, having on the first of May elected its officers for the ensuing year.

I append clippings from the report, outlining a special plan of work for the children.

"The annual meeting for the election of officers of the Ojai Valley was held on May 3. Plans for the coming year were discussed, particularly the work among the children of the public school, which was commenced during the fall of 1911 and will be taken up again this summer.

"Through the generosity of interested friends, aided by the dues of members of the association, a sufficient fund has been raised to look after the needs of the young children in our midst. Parents of children needing glasses will be called upon and arrangements made for consulting an oculist."

The trials and tribulations of organization, the combating of prejudice, the ferreting out work and doing it, was an education in itself, one I do not regret, for what I learned has made me an ardent advocate of rural visiting nursing. From it I have evolved the following suggestion as a possible subject for discussion—that the State

and County Nurses' Associations add to their platform a plank in the interest of rural visiting nursing (and what time better than this to hammer the plank home?).

If each county association would take up the work of its own county, how much good could be accomplished! Another door for public nurse activities might be opened, that of "County Visiting Nurse," the County Nurses' Association to supply the nurse and the county board of supervisors to bear the expense. The apportionment could be divided between the board of health and the board of education. The duties of such a nurse would be to visit all outlying districts of the county; to form and teach a class in home nursing in each district or group of districts. This class could easily take the place of a local committee to provide and furnish a supply room. She would also inspect all school children, notify the parents of those who needed treatment, but in all cases of communicable diseases of eye, ear and skin follow them up and see that they receive proper attention at once, in the best, most convenient and inexpensive way possible.

If a county could not, or would not, take upon itself the entire support of such a nurse, there is no doubt about its being willing to assume a share of the expense; for instance, I have been made to understand that the board of health held the power to bestow upon such a position the office of deputy health officer, at a salary of \$100 per annum. (Think of the power for good a nurse could be with the law behind her!)

The board of education would surely allow a certain sum for school work, since the county superintendents are becoming keenly alive to the fact that the country district school needs this work as well as the city school; if only because State appropriations, which are based upon the average daily attendance, would increase with improved health of the pupils.

For illustration—a teacher, in one of the

northern California counties, writes: "The number of sick and half-sick children is appalling; a district school nurse is imperative."

The balance of a nurse's expense could be made up from nursing fees and contributions

This arrangement would place the entire control of the work in the hands of the County Nurses' Association, which would supply the nurse, and collect from the county its appropriation toward her support.

The nurse would, naturally, have to be a woman of character, with initiative and executive ability, able to meet emergencies, solve problems and manage all kinds and conditions of people with tact and judgment. But where are these women to be obtained? That they exist, and in the State of California, cannot be doubted; but the majority,

like the sheep, prefer the crowded mart. Those who have been definitely trained for visiting work enter the civic field as district, school or board of health nurses. Others obtain positions with various charitable organizations or in the welfare work of department stores and factories. Looking upon it—as most of them do—from a purely business standpoint, they are prepared for and prefer salaried positions with well-established organizations; such positions, with a few exceptions, can be found only in the large civic centers, and—we must admit—these efficient nurses are so much needed to fill such positions that the demand exceeds the supply, leaving the rural visiting nurse problem still to be solved. Can the California State Nurses' Association find a way?

NEW TREATMENT FOR BURNS

Miss Edith King, Class of 1913, Mt. Sinai Hospital Training School for Nurses, New York City, writing in the *Alumnæ News*, gives the following interesting account of a new treatment for burns. She says:

"You will doubtless be interested in the new method being used in the hospital on Ward 'X,' in treating extensive burns. Two children are there recovering from very severe burns, and the result of the treatment is wonderful.

"First and most important, the patient must have a special nurse, as there is no restraint used. The child is nude at all times and, being restless, needs very careful watching. The crib or bed is enclosed on all sides and over the top, except for about

two inches of space, about one-third of the distance from the head of the bed, which is left open for ventilation and a post of observation for the nurse. The old-fashioned alcohol lamp or stove used in giving hot-air baths in the wards is at the foot of the bed, with the pipe and other attachments, and is kept burning night and day at an even temperature; and the patient has a continuous hot-air bath and no other treatment of any kind is used in connection with it. The only medication given is a diuretic.

"One patient, who has recovered from very severe burns, some of which were on the face, has been so successfully treated that there will be no scars whatever."

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

(Continued from January)

CHRONIC VALVULAR DISEASE

SIXTH: *Tricuspid obstruction*, like tricuspid insufficiency, is seldom seen as an isolated lesion. Congenital cases are not infrequent, but in such instances there are generally other associated defects, and an early death is the usual result. When the condition is an acquired one, it is almost invariably as a secondary lesion in disease of the left heart.

(7) *Pulmonary insufficiency* and (8) *pulmonary obstruction*, affections of the valve closing the doorway between the right ventricle and the pulmonary artery by which the blood is carried to the lungs for oxygenation, are very rare, except in cases of congenital defects of the heart. Pulmonary obstruction is one of the lesions which produces cyanosis in the so-called "blue baby."

Combined valvular lesions are very common. The combination most often seen is that of the mitral and aortic valve affections; next in frequency is that of the mitral and tricuspid.

The prognosis in single or combined valve lesions may be said to depend very largely on the condition of the heart muscle. The general effect of valvular lesions, as has been pointed out in relation to disease of the individual valves, is to cause an anemic condition in front of them, owing to the backward leaking of blood or the obstruction to its free passage, or both, and congestion behind them, resulting from the damming back of the blood stream. Congestion in the pulmonic circulation is followed by a similar condition in the systemic circulation, and the consequence is disturbance of function in various organs of the body, resulting in imperfect assimilation

and excretion, accumulation of waste products in the system, and interference with proper nutrition, which in turn affects the muscular substance of the heart, leading to its further embarrassment. The overwork forced upon the heart in its effort to overcome obstacles to the circulation, and disorders of nutrition resulting from a restricted or impoverished blood supply, are responsible for a very large proportion of myocardial (heart muscle) diseases. When degeneration of the heart muscle presents itself in valvular disease, the outlook is bad.

4. DISEASES OF THE MYOCARDIUM

A.—*Hypertrophy* and *Dilatation*.—Hypertrophy of the heart, already described in relation to valvular diseases as an attempt on the part of the organ to overcome the weakening of the circulation resulting from such lesions, is an enlargement of the heart characterized by an increased thickness of its muscular walls. The whole heart may be involved, or one side only, or merely one cavity, and in simple hypertrophy the size of the chambers may not be increased. This enlargement may result not only from valvular disease, but from any other cause which makes it more difficult for the heart to force the blood through the greater and lesser circulations; such causes include the increased resistance in the vascular system found in arteriosclerosis; excessive long-continued muscular effort (the athlete's heart); adhesions of the pericardium; arterial tension induced by contraction of the smaller arteries under the influence of toxic substances, as in nephritis; obliteration of blood vessels in the lungs, as in emphysema; affections of the nervous system, which produce increased cardiac action, such as exophthalmic goitre and long-continued

palpitation; and mechanical deformities, especially pronounced cases of spinal curvature, in which the heart is more or less displaced and pushed against the chest wall, its more restricted position necessitating increased muscular effort. Furthermore, when portions of the heart muscle suffer degenerative changes, the unaffected regions may undergo a compensatory hypertrophy, to enable the organ to carry on its work in spite of the retrograde process.

Cardiac hypertrophy, once established, rarely disappears, save in cases resulting from transient muscular over-exertion; but it may give no inconvenience to the patient, and no sign of its presence, for a long period, perhaps into old age. When, however, the vigor of the heart begins to fail, either from the toxic effects of some intercurrent disease, from a failure of the general nutrition which produces a weakening of the heart muscle, from local disturbance of nutrition resulting from disease of the coronary arteries, from sudden severe physical exertion, or from mental shock or violent emotion, the weakened heart muscle loses its power to overcome obstacles and becomes unable to empty the over-filled chambers; the walls dilate, the entire circulatory system is embarrassed, and the symptoms of heart failure appear.

Dilatation in an acute form may result from sudden excessive physical exertion or from emotional shock. In weakened conditions of the heart, resulting from acute illness, very slight exertion is often sufficient to produce sudden acute dilatation with fatal results. Hearts vary greatly in the reserve power they possess, and in any case the demand may at some time become excessive. Where there is an acute over-strain of the heart, if the organ is not paralyzed outright, it may be permanently crippled. In other instances, however, rest and proper treatment may ward off immediate results of a serious sort. The prognosis in "broken compensation"—cases where valvular difficulties are no longer sufficiently

compensated by increase of muscular tissue, and dilatation has resulted—is always unfavorable, but life may often be prolonged for a considerable time.

B.—*Disease of the muscular substance of the heart* is of several varieties, and includes a *parenchymatous* form, which is a transformation of the normal muscle tissue into a granular albuminoid substance; *fibrous degeneration*, resulting from sclerosis of the coronary arteries (the arteries supplying the heart itself), in which the muscular fibers are more or less supplanted by connective tissue; *fatty degeneration*, in which the normal tissue is replaced by fat; and *fatty infiltration*, or the fat heart, in which the fatty tissue surrounding the heart is increased, and the fat makes its way between the muscular fibers, in time interfering with the nutrition of the organ and impairing its action. Parenchymatous myocardial changes are met with in the acute fevers, and are believed to be the result of toxic influences. This is not always a permanent condition. Coronary arteriosclerosis is produced by the same causes as general arterial sclerosis. Fatty infiltration is usually found associated with general obesity. Fatty degeneration is of frequent occurrence, and may be present in prolonged infectious fevers, in wasting diseases, in old age, as a result of poisoning by phosphorus and arsenic, in anemic conditions, and in the hypertrophied and dilated heart of chronic endocardial disease. The prognosis in all forms of myocardial degeneration is unfavorable, though patients often improve surprisingly after serious attacks, and life may often be sustained for a considerable time in comparative comfort. Disease of the coronary arteries is liable to produce sudden death at any time by the blocking of an artery which has become narrowed by the sclerotic process. While rupture of the heart is of rare occurrence, it occasionally takes place in fatty changes, and less frequently in the other degenerations. It is usually the result of over-

exertion, but has been known to occur without warning or apparent cause. Sudden death is the usual sequel, though life may sometimes be prolonged for a few hours.

5. ANGINA PECTORIS

Angina pectoris, stenocardia, or breast-pang, is in reality a symptom rather than an independent disease, but it is so well-defined a condition, and is both seen and referred to with such frequency, that it may receive separate consideration. It occurs in connection with various morbid conditions of the heart and blood vessels; among these are endocardial lesions, especially those of the aortic valve; sclerosis of the root of the aorta, and degenerative changes in the coronary arteries. The disorder is characterized by violent pain in the cardiac region, usually radiating to the left shoulder and arm and into the neck, a feeling of constriction across the chest, as if the heart were being held in a vise, and a sensation of impending death. Exactly how these phenomena are produced is not known, as any or all of the pathological conditions which occur in connection with them are found in cases which present no anginal symptoms. In almost all cases of true angina, however, there are changes in the coronary vessels, and certain authorities hold that the affection is a manifestation of exhausted contractile force in the heart muscle, resulting from impaired nutrition.

False or pseudo-angina is often difficult to differentiate from the graver form, but is a purely functional disorder of the neuralgic type, occurring in nervous diseases, and as a result of the toxic influences of alcohol, tobacco, tea and coffee. While true angina is a disease of later life, and usually seen in connection with organic heart lesions and arteriosclerotic changes, false angina may occur at any age, in persons with no organic disease, and especially in the neurotic, the hysterical and those subject to other forms of neuralgia. An attack of true angina is

usually excited by physical exertion, strong emotion, flatulent distention of the stomach, or chill, but pseudo-angina frequently occurs spontaneously, and at night. The sense of impending dissolution is usually absent in false angina.

The prognosis in true angina is grave. Patients often die in the first attack, and though they may survive not only one but many, and may live for a number of years, if their way of living is properly regulated, a fatal seizure will almost inevitably occur sooner or later. In false angina, however, although in the attacks the suffering may be severe, cardiovascular lesions are absent, and the condition is not a serious one. True angina is a comparatively rare condition, but false angina is very common.

6. NEUROSES OF THE HEART

Like other organs of the body, the heart is influenced in its action by the condition of the nervous system, its proper functioning being only secured by the harmonious action of the nerves supplying it. The cardiac branches of the vagus (pneumogastric) nerve, control or inhibit the heart, irritation of the vagus causing a slowing of the pulse, while paralysis of the same nerve results in acceleration of the heart beat. The accelerator nerves of the heart are derived chiefly from the sympathetic system. There are also ganglia, or nerve centers, in the heart itself. Disease or injury of the brain and spinal cord, as in meningitis and locomotor ataxia, affect the action of the heart, and such functional nervous diseases as neurasthenia and hysteria often produce marked cardiac symptoms.

A.—*Palpitation* is an action of the heart of which the patient is unpleasantly or distressingly conscious. Consciousness of the beating of the heart is a natural result of strenuous physical exertion, such as climbing a hill or running upstairs, but when the phenomenon occurs without adequate cause it may be considered pathological. The heart's

action may or may not be more forcible than usual, quickened or irregular; in some cases examination of the heart may show nothing abnormal, the symptoms being purely subjective. The condition is a very common one, and though it may be present in organic heart disease it is far more frequent as a manifestation of disturbed innervation. It is often seen at the beginning of puberty, during menstruation and at the menopause, and is one of the most common accompaniments of the neurasthenic and hysteric states. Neurotic patients are frequently seized with palpitation when being examined by a physician, or under any sort of strong emotion. The abuse of tea, coffee, tobacco or alcohol is a common cause. The condition is also seen as a reflex symptom in dyspepsia, and in diseases of the uterus and its appendages. When it accompanies sick headache and digestive disorders it probably results in part from the absorption of toxic material through the alimentary canal. Palpitation may also occur in tuberculosis, nephritis, the infectious fevers and in all anemic and exhausted conditions.

Where no organic disease is present palpitation is a symptom of little moment, though it may cause the patient much alarm. When very severe or long continued it occasionally leads to enlargement of the heart, but under ordinary circumstances the prognosis is good.

B.—*Tachycardia*, called also the frequent pulse, rapid heart, or heart hurry, is an increase in the frequency of the beats, which may or may not be perceived by the patient. It is supposed to be the result of an unstable condition of the neuro-muscular mechanism which regulates the action of the heart, and may be caused by reflex effects of digestive derangements, uterine disorders, or floating kidney; from the toxic effects of tobacco or alcohol; from over-exertion or emotional disturbance. It is often seen in the course of acute or chronic diseases, and in exhaustion. It may appear as a symptom of organic brain disease, affecting the vagus, and is one

of the principal manifestations of Graves' disease, or exophthalmic goitre. In connection with organic diseases it is usually a permanent condition, and of serious import, but when it occurs as a functional neurosis it is usually in a paroxysmal form, lasting only a few minutes or at most a few hours, appearing only at more or less extended intervals, and producing no lasting effects, except in rare cases where repeated attacks occur so close together as to exhaust the heart and produce dilatation. The pulse rate may be as high as 200 or 250 per minute.

C.—*Bradycardia*, or the infrequent pulse, is occasionally seen in a healthy person, and is sometimes met with during pregnancy and labor, the pulse rate at times being as low as 50 or even 40. Infrequent pulse is present in hunger and in senility, and may occur in convalescence from acute disease, in various toxemias, in digestive disorders, in anemia and other constitutional diseases, in nephritis and in nervous disorders and diseases of the brain and spinal cord. When found in connection with circulatory diseases, there is usually present either degeneration of the heart muscle or deficient supply of blood to the coronary arteries. The condition seems to result from irritation of some portion of the vagus, or from an exhausted state of the cardio-motor mechanism. It must not, however, be confused with a condition in which only part of the heart beats are felt in the pulse, the impulse being too weak to be transmitted.

What is known as the *Adams-Stokes syndrome* is a variety of bradycardia usually occurring in advanced life in patients with arteriosclerosis, but occasionally as a neurosis. The pulse rate per minute may be 30, 20, or even lower, and there are frequent attacks of vertigo, syncope, and perhaps epileptiform convulsions. In neurotic cases the condition is not serious, but where it results from degenerative changes the prognosis is more grave, although the patient may live for years.

(To be continued)

Forced Feeding

F. S. VROOMAN, M.B.

FEEDING by tube frequently forms part of the treatment of persons suffering from mental diseases, says F. S. Vrooman, M.B., of the Hospital for Insane, Toronto, writing in the *Bulletin of Ontario Hospitals for the Insane*. For many and diverse reasons the alienated refuse food, or take only small quantities, which are unequal to the task of keeping up their physical health. At the time of writing seven patients in our acute wards are being fed by means of the esophageal or the nasal tube. These cases illustrate very well some of the reasons which account for the refusal of food by the insane. One of these men will not eat because he has ideas of persecution, and is quite certain that his food contains poison. Another is so excited and confused and so occupied with his different delusions and fancies that he pays no attention to the pangs of hunger. Another is an old man who simply refuses to eat, for no apparent reason.

One female patient is refusing food on account of the delusion that she is filled up to the neck and therefore cannot swallow more. Still another will not eat because she is very depressed and wishes to starve herself to death. The two remaining patients who are being tube fed are suffering from dementia præcox of the catatonic type, and their refusal to eat is only a part of a general picture of negativism.

Often by the tact of the nurse the difficulty is overcome. We will assume the necessity of artificial feeding. This paper will consider the subject as definitely as possible under the following headings:

First—Indications for and when to begin artificial feeding.

Second—Methods of feeding and preparations.

Third—How often to feed.

Fourth—The results which may be looked for.

The usual mistaken tendency is to postpone artificial feeding too long in the hope that the patient will eat of his own volition. Sometimes this works out nicely, but more frequently the longer one waits the more remote the chances of voluntary eating become. In many cases (particularly those of the exhaustive type) to procrastinate is to unjustifiably jeopardize the patient's chances of recovery. Each case must have a rule to itself, depending upon the state of nutrition and general condition of patient. If admitted in a state of excitement and exhaustion, with a history of insufficient nourishment and refusal of food, it is our custom to immediately administer a large quantity (one and one-half pints) of hot milk by the tube, often accompanied by a liberal dose of spirits frumenti. Marked benefit is frequently obtained in immediate restful sleep. Kraft-Ehring has said that if the general condition of the patient is good and the mouth keeps clean, there is no harm in waiting as long as a week before using artificial feeding. It is the rule in our wards, however, that tube feeding begins after a patient has missed four consecutive meals; we also feed those who take an insufficient amount of nourishment, and whose chart shows progressive failure in weight. I would urge the early resort to tube feeding wherever indicated, as each delay will make it more difficult and sometimes even impossible, to restore the balance of nutrition. It is to be remembered that, properly carried out, tube feeding can at the worst do no harm, and I fail to see any good reason why we should await the appearance of sordes, the foul breath and the marked loss of weight, and

the other untoward symptoms accompanying the refusal of food.

As to method, I personally prefer to use a medium-sized esophageal tube, although many physicians of long experience strongly advocate the routine use of the nasal tube. I have but seldom found much difficulty in employing the esophageal tube. It seems to me safer than the nasal, and it is certainly more agreeable to the patient, and permits of more rapid feeding. At the same time, if any considerable resistance is encountered, the nasal tube obviates any gagging or struggling, and is always indicated. A small-sized stomach tube with the funnel may be used for the nasal tube feeding. It can as a rule be passed without difficulty in one or other of the nares and without much discomfort to the patient.

Although fatal accidents have several times been reported, yet tube feeding carefully performed is an essentially safe procedure. As remarked by Blair in a recent article in the *Journal of Medical Science*, experience gives one a *tactus eruditus* which enables him to know when the tube is in the correct channel. After introduction, if the ear be placed to the funnel, the stomach gurgle is always heard, or if the tube be in the trachea (which is hardly possible if 16" or 18" of esophageal tube has been introduced), the to and fro breath sounds are heard. Moreover, in the case of almost every conscious patient, with the exception, perhaps, of paretics, coughing and choking will serve as a warning that the tube has entered the respiratory passages. If a small quantity of fluid be poured in before the regular feeding, it serves as an additional safeguard. Other precautions, such as auscultation over the stomach, while air is blown in the funnel of the stomach tube, have been recommended, but are scarcely necessary as routine practice. In using the nasal tube, it behooves one to be even more careful than in the use of the esophageal, for quite frequently, if the tube be small and

short, it curves forward into the trachea. The same precautions as mentioned above enable one to determine whether or not the nasal tube is in the esophageal canal. During the feeding the patient should lie on his back in a semi-recumbent or recumbent position, with the head on a pillow. I need scarcely point out that in most instances it is absolutely necessary to have plenty of assistance.

When considering what to feed we must bear in mind that the digestive and assimilative functions are almost invariably deranged. These patients have foul breaths, coated tongues, and in the exhaustive type show dryness of the mouth, with sordes, and unless the food administered is suitable in character for digestion and absorption, it may serve only as an intra-intestinal culture medium for putrefactive organisms, and still further poison the already toxic patient. Before administering the food, it is often advantageous to give the stomach a preliminary washing with a solution of soda bicarbonate and luke-warm water, or normal saline solution. This gets rid of sticky mucus which clings to the stomach walls, and the digestive juices which have become foul.

As a result of experience and observation we use for feeding a mixture of peptonized milk and raw egg, with a little salt. In some cases we do not peptonize the milk, but wherever there are any considerable digestive disturbances we have found peptonization to be of great aid. This mixture is administered at a temperature pleasantly warm, but not hot. If troublesome regurgitation is exhibited, it is well to feed in small quantities and more frequently. Retention of the food is favored by slow administration. As a routine, a pint of milk and two or three eggs administered twice daily is sufficient to keep a patient well nourished. If the feeding is carried on for a prolonged period, a glass of water should be administered with each feeding and also an occa-

sional dose of some laxative, such as cascara. Although two feedings daily are enough for routine use, yet there are from time to time some special cases which require food as often as three or four times each day; generally over only a short period of time, however.

The results from tube feeding are very satisfactory, indeed. The majority of cases, after having been fed for a few days, or possibly for a few weeks, begin to eat voluntarily, coincidentally with increase in weight; and those who have fetid breaths or sordes or other signs of starvation soon become free from those manifestations. I regret that there has been no special record kept of

the progress and later history of our artificially fed patients, but on looking back, most of the cases which come to my mind have recovered and gone out of the institution. Of course, most of them belonged to the acute class, among whom the majority of recoveries occur. One man in the London institution was fed exclusively by tube for a period of over twelve months. This man is, and has been, doing well on a farm in the Northwest for a period of over three years.

It is interesting to note that life may be sustained for many years by tube feeding. Blair has recently published a history of a case nourished exclusively in this way for a period of over nine years.

Health Talks—An Experience

BY A TRAINED NURSE

THE following description of how a nurse tided over a year of enforced change of occupation, has been sent to us with a request for its publication. It originally appeared in the columns of a city daily.* The nurse reports that she made an average of \$60 a month for the year during which the experiment was being tried out.

"The doctor told me I must rest, but how could I give up when I was the breadwinner for a family of four?" the nurse said, when asked about her experience as a lecturer. "I had been looking out for my mother and two half-sisters ever since the death of my stepfather. It was impossible for me to stop work, but remembering that a change of occupation often is as good as a rest, I determined to get something else to do before going back to regular nursing.

"I heard of women giving lectures on

domestic science, physical training and ever so many other topics, so naturally I thought of trying to see what I could do in the only field I knew about, that of health. I talked the matter over with the women in charge of the Woman's Exchange and can't say that they gave me very much encouragement. Then I went to the Christian Association, where I was told to prepare my lectures and come back at the end of the week. They were willing to give me the use of their hall, if I was willing to risk getting an audience.

"At the end of the week they reported having sold only five tickets, at fifty cents each, but that quite a number of persons had asked about my lecture and made a note of the date. As it was evident that the majority of my audience was to be working women, I determined to make my lecture as helpful to them as possible. It was im-

* Rochester, N. Y. *Herald*

possible for me to crowd everything into an hour's lecture, so I determined to talk about the points which would be most important to the average woman, who had to go to business six days in each week, and to mention that I was ready to give a supplementary talk if desired.

"There were twenty-seven paid listeners at that first lecture and I hadn't got half through before I felt sure they would want that supplementary talk. I have talked to hundreds of women since, but I have never had more attentive listeners than that first handful of working girls. They were all eager to learn how to take care of their health, how to conserve their strength and guard against illness.

"After it was over a number lingered about the door, and as I was leaving one stepped forward and asked a question. It was an important point that she brought up and yet I had overlooked it in preparing my talk. From then on I have had it understood that I am ready to answer all questions at the end of each lecture.

"I can't tell you how much I have learned from those questions. I once heard a very fine teacher, the head of a famous school, say that her pupils taught her each year as much as she taught them. That has certainly proved true with my classes. I feel today that I am a much better nurse for having given those lectures and prepared myself to answer the questions that are always propounded at the end.

"I gave ten lectures at the association, and each one was better attended than the one before it. After the second lecture I applied to the women's societies connected with every church in town, and in no case did I find it hard to get up classes of from twenty to three times that number. My lectures were both one hour long, with a half hour at the end for answering questions. There were two in the course and all tickets were 50 cents each.

"It proved easy enough to fill in my time

during the winter and spring, but when the summer came nobody wanted to promise a class. Finally I hit upon the idea of writing to churches in towns and villages popular as summer resorts. In such instances I offered to give my course of two lectures for \$40, and they were at liberty to sell as many tickets as they pleased for any amount. Though I didn't make as much in the summer as in the winter, it was enough to make me feel that we were not going in debt at home, and when the end of the year came it raised my monthly average considerably.

"My classes were all to women. On two occasions, when there seemed a demand for a lecture on general health, open to both sexes, I gave the lecture and got very good returns from them. I am confident, however, that there is more to be made by lecturing to women, that is, for the trained nurse.

"In several instances the thirty minutes allotted to questions was consumed by a sort of supplementary lecture on the care of young babies. This subject was of so much interest to the majority of my classes that I finally secured and carried around with me models of hygienic baby clothes made to fit a large doll. With this doll as the subject I would give an exhibition in bathing and dressing. I mention this because I think it is a point for other nurses who may care to undertake such lectures.

"If I was going back to lecture another year I would certainly devote one entire lecture to the care of babies. I would make my course three talks instead of two, charging \$1 and \$1.50 for the course. That would permit those who didn't care for the baby lecture to take the other two at the regular price.

"Other features which I found of general interest related to sewerage and ventilation. Diet and the preparation of food were other points about which there was general interest. One of the first things I had to learn was to translate every technical term and word into everyday language."

Entertaining Convalescents

JOSEPHINE KULZICK

THE monotonous period of convalescence is as trying to a nurse as it is to a patient. It is then that nerves go to pieces and tempers assert themselves and everything and everybody seems to be wrong. With her charge out of danger the nurse's watchful absorption in her task is over. There is no longer the constant call upon her professional skill to keep her mind and hand employed and with the diminution of labor and responsibility comes the inevitable reaction. There is time to reflect, and reflection in a sick room is not apt to be of a cheerful nature.

The patient no longer oblivious to everything but his own discomfort is still too unwell to resume any part of his usual course of life. The hours of recovery move slowly. Nowhere are days so inordinately long and dull as in the sick room. Nature will not be hastened in her processes of restoration and it is so hard to wait, especially for those who have been very active. What to do to keep a convalescent in that tranquil frame of mind which is so potent an aid in combating physical disorders often taxes a nurse's resources to the utmost.

What a boon in this emergency is a nurse who has trained herself to read aloud well! With this powerful antidote against tedium at her command many an hour which would otherwise pass drearily for herself and her patient becomes a point of light and pleasure for both. Reading is one of our most profitable and enjoyable diversions. Nearly everyone likes to read and to be read to, and most patients will welcome it with joy if given the proper pabulum, except, perhaps, those extremely nervous. Even these will find it possible to listen for a little interval to their benefit providing the material suits and the reader's voice and delivery are what they should be.

Every nurse ought to cultivate a good reading and speaking voice. It should be regarded as one of the essentials of her profession. What is more rasping to disordered nerves than harsh, discordant sounds issuing from the lips of a human being, particularly when that individual is one's bedside attendant. If a pleasing voice is a desirable possession for women in general, it is indispensable to a nurse. And it is not as difficult of attainment as it may seem. A little daily watchfulness and frequent practise in reading aloud will bring about a marked improvement in the most unwieldy organ.

A few lucky individuals are endowed by nature with soft, flexible and melodious voices but most people have to watch and listen and labor to graft some music into their vocal organs. Listen to your tones as a singer does and correct the defects you discover. Americans have the reputation of being shrill and unmusical in speech, yet in musical circles abroad our trained singers are credited with having the most beautiful voices in the world. We have been told by foreigners that we pitch our speaking voices too high and talk through the nose. Perhaps this is true; but I am inclined to think that these are individual rather than national traits. At the Louisiana exposition and again at the Alaska-Yukon-Pacific I make it a point to listen to the groups of foreigners I encountered and to me their voices sounded shriller than ours. May it not be that the unfamiliar seems unbeautiful to us?

It is one thing, however, to possess a good instrument and quite another to know how to use it well. To be a good reader, an effective reader, requires something more than quality of tone and ability to rattle off words and phrases with tolerable readiness; just as to be an effective speaker requires

something more than an empty gush of language flowing spontaneously from the lips. We all know people who talk a great deal yet never say anything worth listening to. In the same way a person may devour whole shelves of books without ever extracting for himself or conveying to another anything more than the husk of the printed thought.

Heaven deliver us from an unintelligent reader! One who articulates the words without comprehending the sense and soul of them. A good reader illuminates what he reads by his intelligence and vitalizes it with his heart and it requires no elocu-

tionary effects to accomplish this. Inflection and emphasis will make clear what might otherwise remain obscure to the hearer.

The sick room is no place for a pyrotechnical display of rhetoric. Read tranquilly, yet not monotonously. A voice without some variety of modulation is tedious in the extreme. Read only light and cheerful books to a convalescent. Arouse his mirth if you can. Nothing loosens the clutch of depression like a hearty laugh. If the soothing tones of your voice put your patient to sleep so much the better for the patient.

PRACTICAL POINTS IN NURSING PNEUMONIA

1. Give the patient plenty of fresh, clean air to breathe every hour during the illness. Even in winter keep the windows open. The cold air treatment in which the patient is treated on the balcony or roof has led to the recovery of many patients who seemed hopeless. The doctor will decide as to the advisability of open-air treatment, but the nurse is responsible for thorough ventilation of the sick room. *There is no disease that is not made worse by foul air.*

2. Guard against either mental or physical effort on the part of the patient, and study to save his strength in every way possible.

3. Give the patient plenty of water to drink.

4. Death is frequently due to exhaustion of the heart. Guard against any excitement due to visitors, or other causes, and secure complete rest as far as possible till the danger point has been left behind.

5. Try to have the patient make an effort to refrain from coughing.

6. Baths are given either tepid or cold, but if they disturb the patient or he greatly objects, it is better to omit them till the doctor decides further concerning them.

7. Sleep is especially important for such patients, and efforts to induce natural sleep should be continuous.

8. Even two or three days after the crisis has passed, sudden deaths from heart failure are not uncommon, and over-exertion from talking or moving are to be guarded against.

9. In feeding be careful to guard against causing vomiting, and food that has a tendency to create gas in the stomach is better withheld.

10. Be especially careful regarding the use of alcohol in such cases. There is grave danger of overstimulating the heart and causing an alcoholic poisoning of the whole system.

Stains and How to Remove Them

MARY WHITAKER

EVEN the most careful nurse may have the misfortune to upset the patient's medicine, a cup of tea, etc., in the sickroom, and whether on the bed, clothing or carpet, it is equally annoying. These trifling accidents, however, can easily be remedied in a short time, if only she knows the right treatment for each particular stain. It is advisable to consider the nature of the stain, whether it is of animal, vegetable or mineral origin, and then to treat it accordingly. It is also wise to try the simplest methods first before resorting to strong chemicals, which tend to weaken the fibers of material.

Iodine—This can easily be removed by soaking it in cold water, then covering the stained part with a little powdered starch moistened with water. Spread the paste on the stain, leave it until dry and then wash in the usual way.

Medicine, such as an iron tonic—Pour a stream of boiling water over the stain, then with a bone spoon apply a little salts of lemon, rubbing it gently with the back of the spoon; pour on more boiling water and the iron stain will have disappeared. Dip the part of material from which the stain has been removed in a little water (about a cupful) containing half a teaspoonful of dissolved carbonate of soda. This is to neutralize the acid, thus rendering the effect of it quite harmless to the fabric.

Any specially difficult stains due to very strong medicine or coloring matter, which cannot be taken out by the simple, quick means, can always be removed with permanganate of potash and sulphuric acid. *To use these*—put a little permanganate of potash solution in a glass and a weak solution of sulphuric acid (can be bought ready for use at any chemist's) in another one, and then place the stained article in the permanganate of potash and leave it a few minutes, and

this will dissolve the stain; then remove the discoloration by putting it into the sulphuric acid, and if necessary repeat the process until the mark is gone.

For wine stain—While wet place a paste of powdered starch (starch and cold water mixed together) on it and leave for some time (an hour or two), then rub it off and the mark will have nearly gone. Finish by washing and boiling, or, if preferred, use lemon juice and common salt. Moisten the stain with the juice, apply some salt and rub with a bone spoon, using more juice if necessary, then wash in the usual way. If these simple methods fail, a weak solution of chloride of lime is always quickly successful. It can be bought in liquid form at the oil shop. Use it in the proportion of a teaspoonful to half a pint of cold water. As an antidote to this strong alkali, rinse the material very thoroughly in cold water. Never use chloride of lime for colored articles, or silk, as it turns white silk bright yellow, which discoloration can never be removed.

Wet ink stains—Rub with a piece of ripe tomato and then rinse well in cold water; wash and boil, or put a little red ink on the mark and wash; the acid dissolves the iron in the ink and sets free the tannin or coloring matter, which will boil out.

Tea, coffee, or cocoa—Borax is best. Pour boiling water through the stain, while it is wet, if possible, place some powdered borax on and pour on more water, then wash, boil and dry in the sunshine. Sunshine seldom fails in removing such stains as tea, coffee or scorch marks.

Bloodstains—These should be soaked in salt and water for some hours, then wring out and rub in a fresh supply of salt and water. Next wash in the ordinary way, with soap and warm water, boil, rinse and dry in sunshine.—*The Nursing Times*.

"Mike-A-Loo-Loo," of the Hospital Staff

C. M. PARK

MY BOY, Joseph, who was struck by a trolley car, was taken to the Memorial Hospital in Janesville, and I stayed there with him two weeks. That is how it happened that I knew "Mike-A-Loo-Loo," of the hospital staff. When my boy was declared to be out of danger, I had leisure to find out something about this Mike or

the staff. He was summoned often to the office, where the matron or book-keeper needed him; he was right-hand man for the nurses; he was often with the doctor, and always in demand among the patients, who requested that they might have him with them, if only for a few minutes.

His especial proteges were a small boy



MICHAEL AND NANCY

Michael, whose name I had heard constantly in the halls.

We were on the third floor. Every little while some nurse would say, "Where's Michael? He's wanted on the second floor," or "He's needed on the first floor." Then, a few moments after he had gone, I'd hear, "Where's that Michael! We want him!"

Michael never assisted, so far as I know, in the operating room, but elsewhere he certainly was the most popular of any one on

with a broken leg, an elderly Italian woman recovering from an operation, an old lady suffering from a rheumatic knee, and my boy, Joseph. All the treatment these received from him was brought about by his sunny, unfretted disposition, and his laugh! The latter made the hospital seem like a summer resort hotel, and as soon as it was uttered it was invariably answered by an echo from the listener. And every one knows what latent health is concealed in a genuine, hearty laugh.

And now, I can no longer refrain from telling you the joke—this all-important member of the hospital staff was a little Italian sonny of five years! A wicked automobile broke his small leg, he was brought to the hospital for treatment, and thereupon immediately proceeded to win the hearts of the whole establishment.

Michael's leg was put in a cast. He was so full of animal spirits that nothing else would have been safe. One of his amusements was to push the wheel-chairs before him, up and down the long hall. The only noise made in the operation was the thud-thud, thud-thud of his stiff leg, as it hit the rubber matting. This was the first thing my Joseph smiled at when he was coming back to consciousness. This poor leg was dragged about as if it were of no importance whatever. With it he climbed on to window-sills, jumped off from his high bed, and even ran quite swiftly.

When the small boy entered the hospital he could speak only Italian, but after a six weeks' stay he talked English apparently as well as any Yankee child. When he saw something which he couldn't name, he would ask what we called it, and seemed to remember always from being told once. "What is your name?" I asked him one day. "Mike A-Loo-Loo," was the quick reply. Later I learned that this was his way of pronouncing Michael Lullo. "How old are you?" "Dun-no." "What street do you live on?" "Janesville," was the rather surprising answer. "You're a Dutchman, aren't you?"

said I, rather saucily. "Aw, come on!" was the quick retort.

Michael never seemed to be sleeping. Whenever I was in the hall, night or morning, his bed was empty. Often at nine or ten, he would be marching quietly, barefooted, through the halls, his night shirt, which was intended for a large boy, trailing behind him on the floor, while he was entirely sheathed in a sweater belonging to the night nurse. At five in the morning he went to call the day nurses, pulling them by their noses if they did not wake up at once. Just one time I found him abed when I got up. I expressed surprise and he said: "I'm awful sick. Last night I had a bleed!" He had had a slight attack of nose bleed, and the poor girls, seeing their chance to keep him still a few moments, told him he was very sick and must keep quiet in bed. It wasn't long, however, before we heard him stumping about, laughing merrily. Oh, that sound was good for the blues!

When Joseph was taken outdoors in a wheel chair, Michael went, too, and they had great fun with a brown and white dog named Nancy. Michael was afraid to go near her at first, but Joseph showed him how gentle she was and then they had gay times. Michael had to be sent home at last, and he was greatly put out to find that he really must leave his many friends. It is safe to say that never in all his life will he be the center of so much attention as when he was "Mike A-Loo-Loo" of the hospital staff.

Some relaxation is necessary to people of every degree; the head that thinks and the hand that labors must have some little time to recruit their diminished powers—*Gilpin*.

The Indian Mission

THE RESERVE, SASKATCHEWAN.

Dear Belle—After that "story letter" had been mailed I could have rent my clothes and put on sackcloth and ashes. One of the Indians—Running Moose—went out to civilization and brought me a letter, and would you believe it, Belle, my story is soon to see the printer's ink—and now I have spoiled the whole thing, yes the whole business, by writing it to you. But that was always my way, wasn't it, Belle? I never could wait for things to develop. Things never seemed to move rapidly enough to suit my ideas. Do you remember the time you cried because your rose bush had a solitary bud and I couldn't wait for it to develop; didn't give you the pleasure of watching its beautiful petals unfold, but opened it up and spoiled the rose, the first rose of the season? Well, I am the same, impetuous, impulsive Betty.

I'm sorry you didn't get my letter telling about my holiday; it probably went astray between the little log cabin and the office. Lo must have forgotten this time. However, perhaps its interest was not in proportion to its length. I told you about the wonderful city of Winnipeg, which has grown (in less than thirty years) from 213 people to more than 200,000. The population is cosmopolitan—twenty-seven languages are represented in the public schools—and I think I was told papers are published in seven languages. At a tea one afternoon I was told an amusing story in reference to the manner in which the city received its name.

It would seem that in the early days considerable heat was engendered among parties who proposed different names, The contest finally concentrated on Winnipeg and Assiniboia. At a public meeting called for the purpose of deciding the question feeling ran so high that some of those present nearly came to blows,



GOING TO THE DISPENSARY FOR
CASTOR OIL

One objection to Winnipeg was that it meant cloudy or dirty or even filthy water, and, therefore, might be a reflection on the locality. This objection proved fatal to the Assiniboia supporters, for a supporter of the name Winnipeg, being a Cambridge man, took advantage of his knowledge of Latin to convince the majority of those present that the meaning of Assiniboia was far more objectionable. He asserted with great solemnity that "assin" meant bowels and "boia" meant earth, consequently no matter how pretty or poetic it might sound, the city would be known as the "Bowels of the Earth," if the name were adopted. It was promptly voted that the future city should be called Winnipeg.

The majority of those present not being versed in the language of the Latins,

fully believed that the translation was correct.

Assiniboia is really an Indian word, meaning "stony river."

So much for wit or wisdom—which would you call it?

I was an interested visitor at the General, St. Boniface and Children's Hospitals—all large, beautiful institutions admirably equipped and doing a grand work. It was interesting to remember that a short time ago Miss Shackleton, sister of the intrepid explorer, was head nurse in the Children's Hospital.

Then came a delightful trip down the Red River on the *Winnitoba*, as a guest of the Hyland Navigation Company. It was the day of the annual outing given by the company to the little orphan children and to the inmates of the Old Folks' Home. Such a meeting of springtime and autumn. Mr. and Mrs. Hyland had provided sumptuously for their entertainment, and the boat had not paddled far down the river when bags of candies and peanuts were given to each child. The Brusselled floor of the saloon deck looked in less than five minutes like a fair ground the day after the fair. Sounds were heard from the lower deck as if a dozen men were at target practice. A peep down below revealed rows upon rows of children



BETTY IN MOOSE SKINS

sitting tailor fashion, sucking ice-cold drinks with a straw from ginger-pop and lemonade bottles.

We had a day full of interest, and Mr. and Mrs. Hyland declared it had been the happiest trip of the season. Surely we get happiness by giving it.

On my homeward trip I passed once again through the City Beautiful, so charmingly situated on the North Branch of the Saskatchewan. I have reference to Prince Albert. Memory took me back to that memorable first journey and my meeting that delightful traveling companion—the Eastern school teacher. We were going to a new field of work, gave expression to our hopes and fears and wondered if we would "make good," as the Westerners say. She landed in a lumber camp, and at the end of two years married the manager's son. Let us hope she "made good" and will be happy always.

Running Moose brought something else besides my letter, on his interesting trip to the white people; he brought *measles*, and I've had the time of my life. Practically the entire band has been ill, and the lung complications were many and trying. No one died during the measles period, but there



BETTY'S FIRST HOME

followed one of the worst winters in forty years; the thermometer often stood at 60 degrees below zero, and added to this fur was scarce.

Poor Lo and his children had a hard time, huddled together in the tiny cabins, not proper nourishment, vitality at a low ebb. That dreadful disease, tuberculosis, found good ground, and it made ravages upon my flock. Whole families of children were wiped out. It was awful! Day after day the tolling of the church bell was like a sword piercing my heart.

Those who went north had their battles, too. Loud Voice returned, hauling a sled, bringing home a little frozen body to be buried according to the rites of the church. Another tragedy. Red Eagle's baby was taken ill in the north; the next day the whole family made a start for home. Imagine the journey of five days' march, bitterly cold weather, camping at night under canvas, the father driving the dogs hitched to a sledge on which were seated the young children, the Indian mother tramping day after day, with the sick baby strapped to her back. The child could retain nothing on the journey, vomited constantly, and the exposure was so great that death came a few hours after the arrival.

They brought news of the death of one of my school children. The Indians gathered round the open grave, sung a hymn of faith, then buried my bright little Alice in the great silent forest, where a rude wooden cross marks the mound. Oh, Belle, when people wrap about them the beautiful costly furs, I wonder how many ever give a thought to the lonely trapper, the hardships he endures in his endeavor to get these same furs, what tragedies are often connected with them, what sacrifices are made—even the lives of little children.

You know, since coming here I've lived absolutely alone among the Indians, in a

little whitewashed log shack of two rooms, one below and one above; the upstairs was my dispensary and drug room. Well, I've a delightful surprise for you. There has been a transit from Log Cabin to White House, though I fancy I did not go quite in the same manner as did Abraham Lincoln. The Canadian government has built me a pretty white cottage of seven rooms and two halls and three closets! (Don't miss the exclamation point.) It is fully modern in every detail. The big furnace in the basement is a real luxury on an Indian Reserve.

I want to thank you once again for your parting gift—that little camera. It has been most useful. Your last letter was a fusillade of questions and—yes, I will say it—some of them were mighty personal. Well, Belle, all these questions, I hope, are satisfactorily answered in a little book which will be published shortly. I will send you a copy.

Later—I'm sick. What a confession for a medicine woman! An attack of the grip does make me feel so miserable. My dusky nurse of fourteen, one of my school girls, is a perfect jewel. She keeps the fires going—I don't need much to eat—so we get along admirably.

There are some lines which keep echoing in my thoughts, and if you have ever had the grip they will be appreciated.

An ache in the back and a pain in the head,
A choke in the throat and a yearning for bed,
A river of heat and a shiver of cold,
A feeling of being three hundred years old,
A willingness even to do as you're told—

That's the grip!

A marvelous weakness comes on in a day;
A petulant wonder, "How long will it stay?"
A season of fever. A season of freeze,
A quivering weakness that's felt at the knees.
Say, if ever there was a cursed disease

It's the grip!

BETTY

(ANNA ASENATH HAWLEY)

Gleanings From Medical Literature

Aseptic Management of Normal Labor

The aseptic management of normal labor aims to prevent infection. The prophylaxis consists in thorough disinfection of the *patient*, the *physician* and the *instruments* and *appliances* employed. The simplest method is as follows: The *patient*, at the beginning of labor, takes a tepid bath and is well scrubbed all over with soap and water. Then an enema of soap and water to empty the bowel, after the action of which the external genitals, thighs, buttocks and abdomen are carefully washed with a 1-2000 bichloride solution, special attention being given to overlook no fold or fissure of the surface. The vaginal douche, of 2 per cent. creolin solution, or the weak solution of bichloride of mercury formerly used before labor, has been abandoned, unless there be some already existing infection, when it may be used. The normal vaginal mucus is itself germicidal in some degree, as well as a useful lubricant, and should therefore be allowed to remain undisturbed. Moreover, washing out the vagina exposes the woman to some danger of infection from an unclean syringe. The *physician*, before making any examination or doing any operation, removes his coat, bares the arms to above the elbows, when the hands and arms are thoroughly scrubbed with soap, water and a stiff nail brush. Scrape the under surface of the nail ends and the fissures surrounding the nails with some pointed instrument, not sharp enough to scratch, and having washed off all soap in some clean water, immerse the hands and leave the arms in a 1-2000 bichloride solution, and continue this last washing for ten minutes. Nothing should come in contact with the genitals of the patient that is not sterile, and examinations should be as few as possible.—*King's Obstetrics*.

Danger Signals of Cancer

1. Cancer of the breasts: The danger signal here is a small lump. In a woman over thirty-five or forty, this is cancer in at least 90 per cent. of cases. To wait a month to see if it grows, or shows signs of a cancer, is very likely to mean the woman's death in a short time.

2. Cancer of the Uterus: The danger sign here is slight bleeding at irregular times, or any bleeding after the menopause.

3. Cancer of the lip, mouth or tongue: The danger sign is a wart or sore that will not heal. If appearing after forty, it is practically sure to be a cancer.

4. Cancer of the skin: The danger sign is a sore on any part of the body, which does not heal, or the rapid increase of growth in a wart or a mole, which may have been present for a long time. If these appear in an individual over forty, they are nearly always cancer.

5. Cancer of the stomach and alimentary canal: Here the early symptoms are less evident. After forty years of age obstinate indigestion, loss of flesh, strength and appetite, persistent colicky pains in the abdomen, obstinate constipation or diarrhea and bloody vomitus or stools, are signs of the gravest danger, and must at once be investigated and their cause determined.—*From Critic and Guide*.

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Proctoclysis

H. H. Trout concludes from his experiments as follows: All patients show less rectal irritation to proctoclysis if given a saline enema before the operation. The patients given water by rectum absorbed nearly 400 c.c. more in the twenty-four hours than did the patients given salt solu-

tion, the average for the water series being 2,444 c.c. per twenty-four hours, the average for the salt series being 2,041 c.c. per twenty-four hours. The patients given salt solution by rectum required nearly twice as much water by mouth to relieve thirst, or to give exact figures, in the water cases only 332 c.c. were taken in the first twenty-four hours; in the salt cases 696 c.c. were required in the first twenty-four hours. The amount of urine was practically the same in both classes of cases, there being 2 c.c. more in the water cases for the first twenty-four hours after operation and 3 c.c. more in the salt cases for the next twenty-four hours. In seventeen cases the patients complained of tasting salt without having any idea that normal saline solution was being given by rectum. None of the water series made any such complaint. In drainage cases more fluid may be taken by rectum than in those laparotomies closed without drainage. Proctoclysis should be employed more frequently than it has been in the past and in all classes of cases in which it is possible. Care should be exercised to prevent "water-logging" of the entire system, and this applies to both salt and water. In peritonitis cases with drainage it is possible to have the patients take four or five times as much fluid by rectum as in the cases on which the author's observations are based.—*Jour. of A. M. A.*

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Adenoids and Their Effect on the General System

Dr. G. B. Taylor, of Cameron, Texas, mentions as the principal results of adenoids in school children, deafness, with its accompanying mutism in children who become deaf early in life, inability on the part of the children to apply themselves, causing truancy, mischievousness, stupidity, insta-

bility of character, derangements of digestion, headaches, lowering of the general health, and eye trouble.—*Medical Record.*

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Eclampsia

The *Lancet* (London, England) reports an interesting discussion on the subject of eclampsia which took place at the meeting of the British Medical Association. It was stated that every organ and tissue of the pregnant woman is affected. While there is much disagreement, there are a few points on which authorities agree. One point of agreement is that the disease is a toxemia. The theory that the intestinal tract is the probable source of the toxemia has many advocates.

For the elimination of the poison, the methods chiefly in use are purgation, sweating, combined with the introduction of fluid into the system, and, in some cases, bleeding. Various solutions had their advocates. A solution of soda bicarbonate was preferred by some to normal saline. Another physician advised a solution of chloride of calcium (30 grains to the pint), while still another used only a solution made from tablets composed of salts identical in composition and strength with those contained in the blood.

Gastric and bowel lavage and the cessation of all food were suggested as part of the treatment.

When convulsions occur attention should be directed to the prevention of injury, the prevention of the inhalation of mucus, asphyxia and heart failure. The importance of the use of a wedge or mouth-gag between the teeth and of the placing of the patient on her side with her head hanging over the edge of the bed, the depressing of the chin and clearing the mouth of mucus were emphasized so as to prevent the frequent complication, œdema of the lungs.

Editorially Speaking

The Use of the Term "Nurse"

In the January number of *THE TRAINED NURSE* we published the proposed amendment to the Public Health Law of the State of New York, relative to the practice of nursing, by which it was hoped to restrict the use of the term "nurse." Any nurse who has carefully and intelligently "thought things through" will need no special arguments to show the futility of attempting to restrict the use of common English words to one class of people. To others who may have had a vague idea that such a thing as restricting the use of the term "nurse" to one set of individuals was both desirable and possible, we wish to offer for consideration the following section of a letter from a prominent layman, whose name is well known in the East, on account of his connection with very large philanthropies. He says:

"I should like to present for consideration the following reasons for not confining the official name of 'nurse' to one kind of nurse, but for naming each class of nurse in such a way that, so far as possible, the name shall indicate the character of work done, and be satisfactory to those whom it designates. The name 'nurse' has been used since the language began to designate those who have the care of physical helplessness, or physical infirmity, and will continue to be so used. No acts of legislatures or acts of any standardizing committee, can change the English language. If any attempts are made to confine the name "nurse" to graduates of hospitals, such acts can work only injury and confusion. This result will come both from discrediting certain less skilled classes of nurses, and by demoralizing the

more irresponsible of the graduate class, by causing them to believe that their standing and importance will depend upon anything but the meaning given to their grade by the special skill, ability and character of those who belong to it.

"A woman doing any kind of nursing will always be called 'nurse' by her patients, therefore to give her some official name like 'attendant' and deny her the right to the common term by which her patient calls her, can only result in worse confusion than already exists. On the other hand, for the hospital graduate nurse, a name calling attention to her special attainments will be of more real help than any attempted monopoly, by which she will necessarily be obliged to admit to her class persons of inferior attainments."

We believe that there is just as much reason why a University graduate who is a teacher should attempt to restrict the use of the term "teacher" to those of his class, or that the doctor of medicine should try to pass a law prohibiting the LL.D. or the Ph.D. from using the term "doctor," as for hospital graduates to try to appropriate to themselves a common English word, in use as far back as the time of Moses in the bulrushes. They have a perfect right to safeguard the term "registered nurse," but when they attempt the monopoly of an English word in such general use as is the common term "nurse," we cannot but feel that they are making a huge mistake, and creating a prejudice that will react on the whole nursing body. Moreover, we believe such action will be found to be illegal and unconstitutional.

An Editorial Comment

The New York *Medical Journal*, in commenting editorially on the proposed amendment to the Nurse Practice Act of the State of New York, says: "While casual consideration of the proposed amendment suggests that its adoption might prove advantageous, a deeper analysis of the ultimate effects of the amended law shows clearly that the favored nurses and the rich would alone profit by it, while people of moderate means and the poor would suffer. Moreover, it would debar from an honorable living thousands of faithful women who, though unprovided with hospital experience, are nevertheless well trained in the theory of nursing, and, under the guidance of the physician, soon become highly efficient—and this without, we might add, losing what is now too often lacking in the hospital trained nurse, the sympathetic gentleness which all sufferers crave.

"Before the New York State Nurses' Association can convince us that the amendment they demand is for the public good, they will have to demonstrate, first, that the State is supplied with a sufficient number of hospital trained nurses to meet the needs of all sufferers therein requiring such aid—which we know is by no means the case; second, that in order to provide for the vast majority of patients, the small wage earners and the poor, who are now provided for by those of their sisters who have not had institutional training, an adequate number of hospital trained nurses will give their care for a moderate sum, say eight to fifteen dollars a week. If they cannot meet these requirements the amendment proposed, were it adopted, would prove a public calamity."



The Law of Demand and Supply

The readjustment of nurses' fees, with a view to raising prices, has been under discussion in the nurses' associations of Australia

for several months. It will be remembered that in that country the medical profession and the nurses are more harmoniously united on nursing questions than in either America or England, the chief reason being, probably, that the nurses' associations of Australia admit members of the medical profession as members. Indeed, as far as one can judge from reports of their gatherings, the physicians are quite as actively engaged in promoting the objects of the nurses' associations as are nurses.

An editorial in the *Australasian Nurses' Journal* puts various phases of the question of readjustment of fees squarely before the nurses. These comments which follow are just as applicable to conditions in America.

"Every nurse should make it her duty to give the matter careful thought before recording her vote, and to discuss the question not only with her fellow nurses, *but also with those in touch with the feeling of the public, who, after all, will have to bear the extra cost.*

"No doubt those interested in the nursing profession will agree that a nurse is not adequately repaid for the great responsibility placed in her hands, and for her long and arduous hours of work, but will the nurse be any better off financially at the end of a year's work by increasing her rate of remuneration?

"At the present fees almost all nurses engaged in private nursing find more than sufficient work the whole year round. But will the same demand exist for nurses if their fees are raised? Many families will be forced to do without the services of a nurse during sickness by reason of the extra cost being beyond their purse, or if trained attendance is imperative, either the services of the trained nurse will be dispensed with at the earliest possible date, *or an inferior, untrained woman who has some experience in nursing will be called into requisition, and thus another class of workers in the nursing world will arise*, for the demand will surely create a supply."

What the Australasian nurses fear will happen has happened in America. The untrained woman has come in response to a demand, come because the price for the services of a regularly trained nurse was and is prohibitive to the majority of city and country dwellers. The untrained nurse has multiplied rapidly in the last decade. In the same period the demand for hospital accommodation has markedly increased. Much of which, we are forced to believe, is due to the same cause—the inability to pay the price for the services of a private nurse at home. This is markedly true in maternity work. Most women would prefer to remain at home for confinement, if they could secure reasonably good care for two dollars to two and a half a day—the price they pay in many hospitals for a small private room, or for semi-private accommodation. Two dollars a day does not pay the average actual working cost to a hospital, leaving out of the question the cost of buildings. The public is called on to make up the difference between the price charged for such accommodation and the actual cost of it, while the people who occupy such beds are in no sense of the word subjects for charity. They are eager to pay their way, if it can be made possible. Thus the problem of nurses' prices becomes an important hospital question. How much of the overcrowding in the hospitals of New York—this in spite of enormous outlay for new buildings—in the last few years is due to the fact that we have not made any determined efforts to provide good home care, or good continuous nursing for people of limited means? A good deal of the money spent for enlargement and new buildings might more wisely be spent in paying nurses a reasonable rate to care for people in their own homes. That we are nearing the point at which some radical change must be made, many believe. The questions at issue are not purely nursing questions, not purely hospital questions, but questions of public welfare, which need to be

approached with a view to the greatest good of the greatest number.



The Nurse and the Cancer Campaign

At the third session of the Clinical Congress of Surgeons of North America, held in New York, November 11-17, the subject of cancer in women formed an important part of the discussions, and a committee was appointed with Dr. T. S. Cullen, associate professor of gynecology, Johns Hopkins University, as chairman, to carry on a campaign of publicity to educate doctors and the public in the early symptoms of cancer.

We have recently received a letter from a prominent physician of New York, calling attention to the fact that no mention of nurses was made in the discussions, and that he had therefore written Dr. Cullen, asking that he, as chairman of the committee, would send a circular letter to every training school for nurses in the United States and Canada, requesting that lectures on the early symptoms of cancer be given to the pupil nurses, in order that hereafter every nurse graduating may do his or her part in this campaign of publicity. He also suggests that as nurses have been always ready to co-operate in giving instruction to the public in "First Aid to the Injured," that they may be ready to take up the campaign against cancer with even more enthusiasm. He also points out what a great opportunity a magazine such as *THE TRAINED NURSE AND HOSPITAL REVIEW* has in such a campaign.

We have not been unmindful of the action of the congress, nor of the part the graduate nurse and this magazine might take in the campaign. If we could count on the fact that the graduate nurse would always be wise, sane, tactful and conservative in her actions, there is no estimating the power for good she might be, and we would unhesitatingly urge her to great effort in this direction. We must frankly confess, however, that the possibilities for harm have loomed up so

large before us, that we have hesitated to even touch upon the subject. The word *cancer* strikes terror to the heart of the average woman, and one can readily imagine the evil that could be wrought upon a nervous, delicate woman by the nurse who would go into every home, inspired with the idea of finding danger signals of cancer. However, a magazine such as ours—a magazine that has led every progressive movement in the nursing world for twenty-five years, and still leads, cannot afford to be behind the times, and so we shall in the future have something to say on this subject. But we would most earnestly urge every nurse who enters such a campaign to keep in mind not only the good she may accomplish but the harm that may come from over-zealous action.

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The Fannie Wilde McEvoy Fund

In another part of the magazine will be found the report of the fund for the maintenance of the aged Nightingale nurse—one of the last of the old veterans who, led by Florence Nightingale and Mrs. Wardroper, the matron of the first training school established through the efforts of Florence Nightingale, blazed the way for the great army of nurses who have followed.

The contributions to this fund have been in sums all the way from twenty-five cents to \$10, from individual givers, and they have come from all over the United States and Canada, from England, from Hawaii, from Cuba, and even from far-off Persia. In numerous instances two or more nurses sent their contributions together, and the amount was entered in the name of the nurse to whom acknowledgement was sent. It should be noted, also, that the report is made only to November 1 of the year 1912.

Through the personal efforts of a few interested friends several quite large contributions were received soon after the fund was started. These will not be repeated this year, but they have contributed to the

neat balance which we hope to keep to the credit of Mrs. McEvoy, as long as she needs our care, and which will then be used for the relief of some other nurse who may be in distress. What we want to do this year is to have the income meet the expense of the aged couple, which was estimated by the Associated Charities as about \$1 per day. They are even more helpless than a year ago, and entirely dependent on our contributions to keep soul and body together. The doctor who was secured to treat the old man's eyes in the hope of improving his sight holds out no promise of improvement. The atrophy of the optic nerve is likely to be slowly progressive. There is, besides, a nervous affection which produces such a tremor of the hands that it is impossible for him to do anything by way of self-support.

Quite a number of nurses in different places last year were able through their personal efforts to collect from \$5 to \$25. We could tell some very interesting stories about these nurses who have "stirred others up to good works," but we think it is better not. The recording angel is keeping account of all such efforts, we are sure, and we have sufficient faith in the nurses of today who are strong and vigorous to believe that they will help keep this old veteran in comfort through her remaining years. She calls the money her pension money, and speaks of it as coming from the Lord, which it does, but by way of human hands, prompted by human hearts. While the sum to her credit in the bank is sufficient to prevent those responsible for her from worrying over the immediate present, it will readily be seen that if contributions do not come in this amount would soon dwindle. The only way to keep a little sum for sickness and other emergencies on hand is to keep up the daily expenses. One dollar supports the aged couple for one day. That sum is the most we ask from any one. All contributions should be sent to Charlotte A. Aikens, 722 Sheridan Ave., Detroit, Mich.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans, in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Hospital Laundries

The laundry problem interests every hospital worker to some extent. It is one of the problems over which superintendents are apt to heave despairing sighs when asked such questions as: "How do you prevent the loss of linen sent to the laundry?" "How do you account for the linen in use in the hospital?" etc.

The London Hospital (England) has a system of training laundry workers which affords interesting suggestions to American hospital workers. The plan is described in detail in the issue of *The Hospital* for November 16, from which the following description is taken.

"The laundry is entirely under the direction of the matron. In administrative control is a sister-in-charge, who is also a trained nurse, as the matron maintains that trained supervision is necessary in the laundry, as in every other branch of the institution, and this will be readily understood by those who are engaged in institution work. It is not intended to imply that training as a nurse is necessary to secure successful management, though the value of such training could scarcely be overestimated; but for managing a hospital laundry the training in discipline, punctuality, observation and a knowledge of the needs of sick people in the wards would seem to be almost indispensable in determining the reasonableness of the many demands made upon the workers, and which would assuredly be better understood when the knowledge had been gained by personal experience.

"The staff numbers seventy-six and includes twelve residents, who are required to assist with and supervise the work of the outdoor or non-resident workers. These maids are skilled in the branch of work they are required to undertake, and are appointed from other laundries (preferably commercial), and in some cases are promoted from the outdoor staff, when they have gained sufficient knowledge and have proved themselves capable of supervising the work of others. There can be no doubt that constant skilled supervision is of the utmost importance in maintaining a high

standard of work, and in keeping a good tone throughout.

"The out-workers, in most cases, are girls who have had experience elsewhere, or girls from school, at fourteen years of age, and they are required to obtain a certificate of fitness from the doctor appointed under the Factory Act. The inexperienced girl receives 3s. weekly to commence, and all workers have their food provided. Most institutions supply the food, and no doubt this is fairer to the workers, and therefore better for the authorities in the long run. The system in factories of employing girls who have to provide their own food, out of scanty wages, is not to be commended, and it is well known that the girls buy what they fancy. This generally takes the form of pickles, biscuits or apples and ice-cream, food certainly not nourishing for the growing girl who has to work hard day by day. The little girls are very promising, and at the London Hospital they are taught to take some responsibility from the beginning. They generally become good maids, either continuing in the service of the hospital or leaving to take responsible appointments elsewhere.

"The stores, materials of all kinds, and 'dressings' for machinery, are ordered by the sister-in-charge, subject to the matron's approval, so that new preparations, if they tend to promote economy, can be utilized. In some cases it will be found that even the head laundress, or superintendent, does not know the price of the soap she is using nor the name of the firm which supplies it! Is it possible for workers to take an interest in the economical use of materials, and in all other points relating to economy, unless the responsible 'head' is able to teach them the value of it? All maids and workers should be taught and encouraged to remember the price of nearly everything they use in their work, and to take an interest in saving wherever it is possible. The British race is wasteful and extravagant, and as the price of everything is increasing it is most essential that a close check should be kept on the use of material, the cost of which makes a great demand on the

hospital funds. The soap, alkali, starch, etc., is weighed up for each day's use, and an account kept of the quantity used per week.

"The London Hospital system undoubtedly supplies a great want in the standard of work in institution laundries, and the method adopted by many in employing women who know nothing about the work, or from other departments at odd times, is one to be condemned. Such a method will only find the workers lacking in interest and enthusiasm, and cause constant perplexity and disappointment to those responsible. Perhaps for this reason alone hospitals have gained the reputation of doing their work in the laundry in a rough way. There can be no reasonable excuse for returning linen badly washed, just because it is an institution.

"The laundry department is generally very well equipped, and in many cases better able to gauge the quantity of linen required to be returned in a given time than a trade laundry, where everything is done for profit; therefore, if the workers are trained in their various duties they ought to be able to do the work better. The London Hospital course of three months' laundry training, with board and residence, at the reasonable fee of thirteen guineas, offers exceptional advantages to ladies desirous of learning this branch of work, and to nurses who have finished their training, and wish to gain further experience in hospital management. The pupils are generally successful in obtaining good posts, and those who have shown ability for the work are doing much to improve the standard in other laundries. Notwithstanding the many disappointments, the authorities find much to encourage them in helping working girls to become useful citizens. They need 'something to do, something to love, and something to hope for.'"

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Grace Hospital

Grace Hospital, Detroit, is an admirable institution. Its location is ideal, quiet, with ample grounds, yet convenient to car lines. The old part of the building is so well kept that one forgets that it is not the newer type.

The new part is markedly up-to-date, and the architect is to be congratulated upon making it not only sanitary but beautiful. It has a home-like air which is too often lacking in our modern buildings. In some way, though the construction is reduced to the necessities, the lighting and coloring and arrangement are such as to be extremely pleasing. There are many delightful conveniences which help toward the

comfort of the patients and ease for the nurses in their work.

The hospital gives one the impression that thought has been and is being put into it. Things have been worked out, not simply patterned after someone else. One item, the presence of many signs and labels, is noticeable because it shows comprehension of the difficulties of the outsider and newcomer. Most of us forget these things.

Grace Hospital is altruistic in a most practical way in furnishing a course in hospital economics. It sends out each year eight young women who have learned not only the theory of hospital management but who have had six months practical experience in it under skilful guidance.

The Helen Newberry Home for Nurses is very attractive. Its location, opposite rather than alongside the hospital, is pleasing. One of its best features is the garden where, protected from the street, the nurses may lounge and rest in the real out-of-doors.

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Uses for Worn-Out Rubber Gloves

Among the many interesting exhibits in the non-commercial exhibit at the Detroit meeting of the American Hospital Association, was one prepared by Miss Gretchen Nuessel, surgery supervisor of the Youngstown Hospital, Youngstown Ohio. The exhibit was labeled "Uses to Which Wornout Rubber Gloves May be Put in the Operating Room." The following were the items shown:

A pad for protecting the eyes during anesthesia, made of cotton and covered with rubber, cut from the back of the glove, the cotton and rubber being sewed together.

A cover for a saline flask, made of a piece cut from the inside of glove and held over the gauze, used as a stopper, by a rubber band made by cutting the finger of the glove the proper width for the purpose.

A protector for wide-mouth bottles covered with sterile gauze and containing dusting powder.

A protector for test tubes used for the same purpose as bottle above described.

Finger cots of various sizes made by amputation of the fingers of the gloves.

Rubber bands of different sizes and widths cut from fingers and wrists.

Strips of various sizes to be used instead of gutta percha or rubber dam for sub-cutaneous drains.

An "intramuscular drain" made by a continuous piece from back of glove through finger, and down the front, with the sides cut from fingers,

but the end left in. This makes a double drain capable of easy introduction with a probe, and easily removable.

A protector for "gall bladder drain," made as follows: A piece of rubber tubing is wrapped with gauze to suitable thickness and gauze is then covered with rubber cut from the whole glove, with wrist band and fingers removed, the whole being sewed together. Expensive rubber dam was formerly used for this purpose. The advantage of the rubber covering is that it prevents excoriation of the tissues by the drainage and renders the removal of the drain much less painful.

Patches for the mending of gloves and bath caps.

One of the uses for rubber bands displayed was the wrapping of wood applicators in a very small piece of muslin, with the ends folded over and secured with rubber band cut from finger of glove.



Social Service Work at the Buffalo General Hospital

At the Buffalo General Hospital the most recent development in the social service work has been in concentration into three general divisions—the work for convalescents, the child welfare work, and that in connection with the maternity ward. Each division is under the special supervision of one worker, and there is no question but that more ground is covered and better work

done by such specialization. The result is shown in eight or nine cases in the maternity ward in place of the former two or three, and of double the number of children's cases. The plan is to extend the work by the help of volunteer workers, under special supervision.

The work for convalescents consists, in the main, in prolonging the period of rest, either by utilizing Buffalo's scanty provision for such cases, or by securing country board for them; or sometimes a change of occupation may be required, or the finding of some light work for the handicapped. A most important work for patients leaving the hospital is often to keep them in touch with dispensaries or with private physicians, as their case demands. The patient who needs this sort of following up is not infrequently one with a high appreciation of what the hospital has done for him; after its magic touch, what more can be needed?

The child welfare work begins in the wards with kindergarten instruction, and often secures the temporary transfer of a child to a good boarding home, in coöperation with the Superintendent of the Poor's country department for children. Ignorant mothers are taught, at home, something of hygiene and proper feeding. The work in the maternity ward is perhaps the most urgent of all. Sometimes it takes the form of council and temporary relief, which enables a woman with a family to take advantage of the hospital care; sometimes legal aid must be secured for a deserted or unsupported wife. The unmarried



ST. VINCENT'S HOSPITAL, BIRMINGHAM, ALABAMA

mothers constitute a difficult and delicate class to deal with, often taxing heavily the resources of the workers. In the past year thirty-nine maternity cases were referred to the social service department.

During this beginning period, the District Nursing Association has been the staff upon which this department has leaned, and the social work can reach no degree of prosperity in which it will not need the Association's coöperation and its counsel.

For the furtherance of all the interests involved, an executive committee has been appointed, in accordance with the action of the Trustees, noted in the last Bulletin, one of whose duties shall be to reach the public interest, without which work of this kind cannot prosper. The support which it needs can be counted upon with confidence, when its intent and its scope are understood.—*Bulletin of the Buffalo General Hospital.*



Notes and News

In the Children's Hospital, Washington, D. C., the work of the medical staff is organized on the following plan, the number on the staff being increased from five to twelve members this past year: A department of medicine, a department of surgery, a department of orthopedic surgery, a department of ophthalmology, a department of laryngology, otology and rhinology. Skilled anesthetists have been appointed. A clinic for cases of infantile paralysis, which was started last year, has been temporarily discontinued for lack of funds. Three nurses, specially trained to deal with such cases, had been employed to give massage, electrical and educational exercises to these special patients.

The Missouri Pacific-Iron Mountain Railroad has completed the formal transfer of its hospital funds and property to its employees, who have contributed small sums out of their salaries each month toward the support of the hospital service. The cash turned over to the men by the company amounts to \$193,767.

In addition the railroad transferred to the men all its hospital real estate and the furnishings and equipment of the buildings, including the large hospital building in St. Louis and surrounding grounds, 300 by 247.64 feet. The value of cash, real estate and furnishings, all told, approximates a quarter of a million dollars, after allowing for depreciation in the value of the St. Louis Building, erected a number of years ago.

The Missouri Pacific-Iron Mountain Road started its hospital service about thirty years ago, and the cash and property on hand have been accumulated in that time by judicious handling. Probably 90 per cent. of the holdings are the result of small contributions received monthly out of the wages of employees, now either dead or out of the company's service.

The new \$100,000 St. Joseph's Hospital building, in charge of Sister M. Nicetas, at Far Rockaway, New York City, was dedicated on Sunday, December 15, 1912, by Bishop McDonnell, assisted by Mgr. J. McNamee, rector of St. Theresa's Church, Brooklyn, and Mgr. E. W. McCarthy, rector of St. Augustine's Church, Brooklyn. Distinguished clergymen of the diocese of Brooklyn, and many noted physicians attended the services.

Under the will of the late Francis Amory, of Boston, who died recently leaving an estate of more than a million dollars, the Boston Lying-in Hospital is made the residuary legatee, and it is believed will receive at least \$500,000. Harvard University receives \$50,000, which is to be allowed to accumulate for twenty-one years, and is to be known as the Amory Astronomical Fund. The American Academy of Arts and Science is given \$25,000, which must also remain untouched for twenty-one years. The income of the latter fund is to be devoted to the purchase of gold medals or other tokens of honor for such individuals as discover any notably useful remedy or device for the treatment of certain diseases.

At the annual meeting of the Rhode Island Hospital, Providence, it was reported that there were in the training school 147 pupils and 16 supervisors and other officers. The force of internes numbers 18, including two in the pathological department. Since the opening of the hospital 155 medical men have served as internes and 489 women have graduated as nurses. Of these 71 medical men are practising their profession and 246 nurses are residing in Providence.

Plans have been approved and work begun on the new St. Francis Hospital at Beech Grove, Indianapolis, Ind., which is to cost in the neighborhood of \$200,000.

Miss Hetty M. King has made a gift of \$25,000 to the Children's Hospital, Philadelphia. The money is to be used to erect and equip an operating pavilion.

Book Reviews

Life's Day. By William Seaman Bainbridge, A.M., M.D. Second edition. Cloth, 308 pages. Price, \$1.35.

This book, which has the sub-title, "Guide-Posts and Danger Signals in Health," by Dr. Bainbridge, a well-known New York physician, connected with the New York City Children's Hospital and various other institutions in that city, presents in attractive form the subject of health as it pertains to the whole period of life, from birth to the end of life.

Part I discusses in five chapters the subjects of heredity, environment and the part which education plays in the shaping of human destiny.

Part II treats of the dawn of life—infancy—the dangers which threaten during that period and the health measures which are essential to be observed.

Part III deals with the morning of life—childhood and adolescence—indicates the health dangers peculiar to that period—mouth-breathing, ear trouble, eye strain, "growing pains," St. Vitus dance, etc., and discusses the subjects of foods, clothing, exercise, etc., suitable to this period.

Part IV—mid-day—presents in sixty-three pages the essentials for maintaining good physical and mental condition and the special dangers which beset both men and women in this period of life. The subject of psychotherapy, the influence of mind over body, is treated briefly and sanely.

The matter of "success" in life is given a page or two and offers a word of encouragement for the man or woman who has failed to achieve conspicuous success. "In whatever sphere their lots may be cast," says the author, "*those who have made the most of their lives are truly great.*" Publicity is not synonymous with success. To live a useful and a normal life and to have devoted that life full of effort to the betterment of others is an ideal worthy the best endeavor."

Parts V and VI deal respectively with the twilight and night of life, the diseases and physical conditions of the old age period, and the safeguards to be used in maintaining physical and mental vigor to the end of life.

The book is the elaboration of a series of popular lectures on health delivered by Dr. Bainbridge at Chautauqua. Seldom does one find the whole

subject of health in all the different periods of life concisely presented in the compass of one moderate-sized volume. It is free from fads, sane, comprehensive and, withal, interesting and attractive in style. Such a book may wisely be chosen as the basis for a season's study by individual nurses or groups of nurses and will prove a valuable addition to the training school library. Various chapters might profitably be chosen for "required reading" for pupil nurses.



Primary Studies for Nurses. A Text-Book for First-Year Pupil Nurses. By Charlotte A. Aikens. Second edition, thoroughly revised. 12mo. of 437 pages, illustrated. Cloth, \$1.75 net.

The practical utility of this volume as a text-book for first-year nurses has led to its adoption in a large number of hospital schools and created the need for a second edition. The author has proceeded in this edition, as in the former, on the assumption that it is better for the pupil to know a few fundamental facts and principles well than to attempt to cover a great deal of ground in these subjects and, perhaps, fail to grasp the real essentials. The book was written in response to a demand from many sources that pupil nurses be unburdened from the necessity of studying a large mass of non-essential detail relating to the subjects treated.

In this edition several of the chapters on Anatomy and Physiology have been elaborated, and some additions and changes have been made in the section relating to Bacteriology. The aim has been to emphasize *principles* and *essentials* and lay a satisfactory foundation for the more advanced studies of the second and third years.



Outlines of Physiology. By Edward Groves Jones, A.B., M.D., and Allen H. Bunce, A.B., M.D. Third edition, revised, with 111 illustrations. Price, \$1.50 net.

Dr. Jones said in the preface to the first edition: "This volume has been prepared with a view of presenting, in as convenient a form as possible, the essential facts of modern physiology, as

(Continued in Publisher's Desk)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

A Half-Hearted Nurse

To the Editor of The Trained Nurse:

The girl who takes up the profession simply with the idea of working a few years for the good time and money she can get out of it, is not going to get as much out of the work as she would did she go into it with a different ambition.

With this mental attitude she is not likely to take much interest in what she does, and she is apt to do it indifferently; she goes on duty in the morning late and with lagging steps, and leaves with quickened pace at night, on sight of the night nurse, thinking only of the good times she is to have, as the only pleasure she finds in her duty as a nurse is the social companionship she gets out of it. There is none in the work itself; it is looked upon simply as a hardship.

No matter what one may do, there is a satisfaction in doing it well. The nurse who leaves her ward at night knowing her work has been correctly done for the day and that her patients and superior officers have not only been satisfied and pleased with her good work and courtesy, her self-sacrifice and endurance, but she herself knows a pleasure in her work of which the careless or indifferent nurse has no inkling, and again the girl who takes up the work of a nurse with the desire to progress, finds a pleasure in her work that the girl without such an incentive never knows.

The continual study of her work and herself in order to improve, the knowledge of her greater proficiency, the opportunities for advancement in the nursing world, all lend a zest to the day's work that the listless worker never gets, and aside from the satisfaction to be found in work well done and the pleasure in one's growth and increased efficiency, both of which the indifferent worker misses.

The indifferent nurse takes no interest in those whom the needs of nursing bring to her for help and care. If anything, she regards them hostilely—they mean just so much more work. The nurse who is only putting in time for a few years views with weariness the approach of a new patient and sidesteps her if she can, whereas the nurse really interested in her duty sees a fresh

personality and a chance to get a new light on a new case, another new study in every one she waits on. It is like winning out in a game, and this the listless nurse misses. The nurse who refuses to obey and learn, who does her work without a will and indifferently, because she does not intend to finish. And here the real tragedy of her life comes. She has missed so far, by planning her life on this slide-through-easy way; the girl who has performed her duties in this manner has not built into her character the patience, the carefulness, faithfulness, cheerfulness, always willing and ready to do for others, the loyalty to duty that are essential to the making of a good nurse.

M. J. S., R.N.

✦

Care of a Patient While Traveling

To the Editor of The Trained Nurse:

Having read an article in THE TRAINED NURSE on the care of a patient in a hotel, I thought perhaps a few suggestions on the care of a patient on the train would be appreciated by any nurse who, like myself, has never taken care of a patient in just that way.

We left the Hinsdale Sanitarium in an ambulance for a seventeen-mile ride to the city where we were to get our train. The ride was a severe one for my patient, who had heart disease. Possibly riding on a comfortable cot in the baggage car would have been better. The country roads were very rough for the long ride, and traveling was necessarily slow. It is well for the nurse to have all these things in mind and get the patient started in plenty of time to avoid any undue rushing.

When we got on the train the patient's berth was not made up, although it had been ordered to be ready, so we put her on the couch in the drawing room for the time being. I administered aromatic spirits of ammonia, gtts. xv, which refreshed her very much. When the berth was prepared I gave the patient her heart stimulant, alcohol and powder rubs, and made her as comfortable as I could for the night.

We traveled for two nights and two days. I gave the usual morning bath both mornings, fol-

lowed by the alcohol rub, massage, and exercised one arm, which is slowly recovering from the effect of a stroke caused by an embolus.

There were a few unpleasant things happened. At times there would be no dining car on the train, which meant that I could not secure hot water for hot water bags or to prepare the nourishment, of which the patient took a great deal in liquid form. I took along toasted bread (which had to be toasted very dry) for fear we could not get it done right on the train.

We had an electric stove with us but could not use it, on account of not getting heat from the current on the train, so for this reason a small alcohol lamp would be a useful article to have, which could easily be carried along. We also had two Thermos bottles, filled with distilled ice water for the patient to drink. This gave out, however, before we reached our destination. Then the only water we could get was Vichy water, which did not agree with the patient—so take plenty of drinking water, if you need a special kind. We took what drugs and supplies we needed.

I did not wear uniforms during the trip. I found a dark suit with shirt waists to change, and my uniform apron when giving treatments was very practicable. The porter was very kind and obliging, getting me all the linen and hot water I needed. The steward also prepared any special cooking we asked for.

The journey did not seem long or tiresome. We were met, when we arrived, by the patient's physician, who had the ambulance all ready for us. The patient was very tired for several days,



BETTY'S GOD CHILD*

but now is getting along nicely, gaining every day.

MARY STROUF.



In Answer to a Subscriber

To the Editor of the Trained Nurse:

First of all, I wish to say to the editor I am a grateful reader of the noble magazine, *THE TRAINED NURSE*. I consider it to be so helpful and of such interest that I fail to see how any up-to-date nurse can get along without it.

In reading the Editor's Letter-Box in the January number, I see a subscriber wishes some one to suggest a relief for leucorrhœa. I can offer a very simple remedy, which gave relief to an ex-patient of mine. It was the use of sterile vaseline. Insert sterile vaseline well up into vaginal tract, then massage well with same. I suggest the use of rubber gloves. Be sure to use a generous supply and apply this treatment twice a day.

H. M. C.



The Preparation of Dressings

To the Editor of The Trained Nurse:

I shall be very thankful if some one will give suggestions for preparing bichloride gauze 1-2000 in four yard lengths in jars. I have been doing it the way suggested by the attending physician. I take the gauze immerse in bichloride—dry it on table—then sterilize jars—



ONE OF BETTY'S PATIENTS*

*The Indian Mission. Page 92

put gauze in jars, leave off cover, and cover gauze with cotton. Have steam sterilizer with twenty pounds pressure, sterilize for two hours, again cover with sterile cover before removing sterilizer. This gauze is used only for dressings for sores, carbuncles, etc. I should like to know of a better way if any for preparing these dressings.

MARGARET SUMMERS.



Nursing in the Country

To the Editor of The Trained Nurse:

In reply to Naomi J. R., who requests in the October number of our magazine a list of supplies to be carried by the nurse practising in the country, I herewith give the ones I have found necessary in actual practice:

Two thermometers (mouth and rectal), colon tube, rubber catheter, hypodermic, with extra needles, and medicines as follows: Strychnia sulphate, gr. 1-60; strychnia nitrate, gr. 1-60; morphine, gr. $\frac{1}{4}$; codeine, heroine, nitro-glycerine, digitaline. Pen knife, pencil, measuring spoon, carbolic acid, alcohol, synol soap, boric acid, epsom salts, powdered alum, vaselines in tubes, bouillon cubes, fountain syringe with all attachments, hot water bottle, rubber ring, safety pins, all sizes, rubber gloves, corkscrew, urinometer and test tubes and solutions, bed pan (if possible).

If white uniforms are worn you will need half a dozen, but four blue ones will suffice. Wear cap on all cases, as it is your badge of authority.

HANNIBAL.



A Perennial Problem

To the Editor of The Trained Nurse:

Some one has asked whether it was customary in any of the larger hospitals of New York City for female nurses to catheterize male patients. I do not know whether it is customary in New York, but in the two hospitals from which I hold diplomas it is *not* customary. It seems to me after a nurse is graduated there should be no need to discuss such a question. In the hospital where I trained we were taught how, but never had to do it, only in emergency. Such an emergency rarely if ever happens in the ordinary hospital. I am a post-graduate of the California Hospital, Los Angeles, and the same custom holds good there. I have done private nursing three years and only once have I been called upon to perform such a duty. I think every

nurse ought to be able to catheterize a male patient, if she is ordered to do so by the attending physician. I know I felt it my duty to do so when I was asked.

F. A. M.



Why?

To the Editor of The Trained Nurse:

I am a graduate of a State hospital, with experience in two institutions of this kind.

Will some kind reader explain why nurses in general hospitals put on superior airs and even go so far as to say that we are not worthy of the name "nurse."

Why are we not? Are the insane or nervous not subject to the ills of the sane? And is the care given them not just as good as general hospital care of the sane?

I know of many cases where patients who came from general hospitals were not even clean. Was it because they were insane or had loathsome, virulent diseases?

In no hospitals that I know of are there so few accidents from carelessness in leaving medicines or dangerous instruments about as in New York State hospitals. Care in handling these things is so ingrained in us that either in institutional or private work carelessness on the part of a nurse can seldom be charged to a State hospital graduate.

If we are incompetent State instruction must be to blame, but I maintain we are not.

A MERE MAN.

All are not unappreciative of the State Hospital nurse; in Dr. Satterthwaite's article, published some time ago, he cites the case of the nurse who is trained to manage insane patients. He says: "I can truly say of these latter nurses (speaking especially of Manhattan State Hospital) that they do their work kindly, successfully and with astonishing ease. No ordinary nurse could begin to be as efficient."—EDITOR.



Important Notice

We have a number of letters intended for publication in this department. They have not been published, because the editor does not know the names and addresses of the contributors. If you are one of these contributors and wish to see your letter in print, send your name and address to the editor at once.

EDITOR.



MAIN ROOM, NON COMMERCIAL EXHIBIT, HOSPITAL CONVENTION, DETROIT, MICH.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

The McEvoy Fund*

The following are the contributors to the Fanny Wilde McEvoy Fund from September 1, 1911, to November 1, 1912:

Charlotte A. Aikens, Unity Bible Class, Detroit; Mrs. M. O. Perry; Sara Burns; Waltham Training School; Mrs. A. S. Rose; Emma A. Anderson, for Boston friends; Mary E. Gladwin, for Ohio nurses; Louise Brent, for Toronto and Ontario Nurses; F. E. M. Wilson; E. L. Knowles; M. A. Wallace; Margaret Cumming; Laura Southwick; Harriet J. Allyn; A Friend, Worcester Mass.; C. Raquet; Nancy P. Ellicott; E. K. Kraemer; R. E. Bidmead; R. Pentland; Lina Lightbourne; Nancy Cadmus; Miss Kerr; Miss Brink; Mrs. Carter; S. S. Denninger; M. E. Trumble; M. B. Lose; M. T. Heaven; Agnes S. Brennan; Helen Randall; A. G. Miller; L. E. Langstaff; Daniel Farley; Rose Heaven; Mary Cary; Mary E. Nesbit; Jean M. Ramsay; A Friend, Natick; Jean Cornes; Fanny E. Smith; Mary J. Allen; Ellen Cartledge; Margaret Motschman; Una Fry; Lena Watt; A Friend; Laura Roser; B. D.; C. P. Vanderwater and Detroit nurses; E. Hood; Minnie Wilbur; Margaret Grismore; Victoria Nurses' Club, B. C.; A. L. Chamberlain; G. E. Chipman; R. S. Robinson; Flora McKinnon; Mabel Armitage; L. H. Denny; F. Crabtree; L. L. Johns; A. J. Taylor; Annette Fiske; M. P. Langley; E. M. Schwarze; A. R. Gill; A. Bremyer; F. London; T. Streeter; Mrs. Perkins; A Friend; E. K. Ross; M. E. Barrowcliffe, A. E. Reece and friends, Louisville; F. M. Stevenson; Sara Hunter; Gertrude Grim; Emma Anderson (Illinois); St. Joseph's Hospital, Kansas; Mrs. A. Woodward; H. Waddell; M. H. Hoover; N. A. Aurand; Stella Shipley; Agnes Wellman; A. M. Fogg; A. L. Davis and friends, St. Luke's Hospital, St. Louis; E. M. Bolkhof; M. E. Ovenden; Frances Geddes; Jessie Sexton; Alex McPherson; Mrs. A. McPherson; Jessie King; Mary E. Reid, for West Virginia Nurses; F. Atwood; J. M. McNaughton; M. E. Johnston; A. E. Stabler; Sydenham Melville; Miss Fuller; Grace Hart; Clara Hay; L. Parliament; A. Riley; J. S. Chappell; J. G. Robinson; M. Craig; M.

Bullock; St. Francis Hospital, La Crosse, Wis.; A Friend, Macon, Ga.; Edith Rice; E. Finchler; Bessie Fullerton, for Boston and Massachusetts General Hospital Nurses; M. E. Gladwin and friends; E. Breidenbach; L. Hoerman; E. Koran; Minnie Goodnow; E. B. Smith; E. H. Stewart; E. B. Jones; A Friend; Waltham Graduate Nurses; E. M. Gekeler; A. D. Chisholm; F. O. Lugate, for Punxsutawney, Pa., Nurses; M. E. Kelly; Mary E. Riddle; St. Thomas' Hospital, London, England, through J. G. Wainwright; Mary Leist; E. Gillum; M. Pringle; A. F. O'Donnell; M. E. Kinkle; E. G. Cartledge; E. L. Robley; L. M. Meinsterman; A. Hawley; H. Milton; I. Karner; E. M. Wright; E. B. Jones; I. N. Parkes; Minnie Ferguson; Gertrude Young; A Friend; M. M. Irish; S. Strofton; E. Tillman; Winnipeg Nurses, through Miss Gray; E. Baker; Jean Ramsay, for Children's Hospital, Winnipeg, and other friends; Spanish American War Nurses.

From the time the fund was started September 1, 1911, there have been received in cash contributions and interest on the deposits, \$644.61. Of this amount \$383.01 have been paid to Mrs. McEvoy, in semi-monthly payments, leaving to her credit November 1, \$261.60.

CHARLOTTE A. AIKENS,
C. P. VANDERWATER,
M. O. PERRY,

Local Committee in Charge of the Fund.



Army Nurse Corps

APPOINTMENTS

Emily M. Addison, graduate of St. George's Union Infirmary, London, England; Ellen T. Gallagher, South Side Hospital, Kansas City, Mo., and Emergency Hospital, Omaha, Neb.; Alice W. Cline, Medfield Insane Asylum, and Brockton Hospital, Brockton, Mass., also post-graduate, Harlem Hospital, New York City; Alice H. Martin, Pittsburgh Training School for Nurses, and three years tuberculosis nurse for city of Pittsburg; Elvira H. Helgren, West Side Hospital Training School for Nurses, Chicago, Ill., special nurse, St. Mary's Hospital, Rochester, Minn., and head nurse, Presbyterian Hospital, Omaha, Neb.; Florence E. Mason, City Hospital, Quincy, Mass., post-graduate work at Boston

*See Editorial Department.

Lying-in Hospital; Mabel O. Staver, Homeopathic Hospital, Rochester, N. Y.; Carolyn M. Stover, German Hospital, Philadelphia, Pa. Assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.: Margaret S. Cromarty, Provincial Hospital, Port Elizabeth, C. C., South Africa; post-graduate California Hospital, Los Angeles, Cal., assigned to duty at the Letterman General Hospital, San Francisco, Cal.

RE-APPOINTMENTS

Bertha Purcell, Hahnemann Hospital, Chicago, Ill., Illinois Eastern Hospital, Kankakee, Ill.; Anna B. Carlson, Cambridge Hospital, Cambridge, Mass., Women's Hospital, New York City; Marie E. Logan, Western Pennsylvania Hospital, Pittsburgh, Pa. Assigned to duty at Walter Reed General Hospital.

TRANSFERS

From Pettit Barracks, Zamboanga, P. I., to Division Hospital, Manila, P. I.: Etta M. Staub, Anna M. Cotter and Elizabeth J. Kenny. From Division Hospital, Manila, P. I., to Fort Wm. McKinley, Rizal, P. I.: Cora Miller, Minnie E. Kuehl and Mary L. Stakelum. To Pettit Barracks, Zamboanga: Nena Shelton, Callie D. Woodley. To Letterman General Hospital, San Francisco, Cal.: Carrie L. Howard and Anna M. Cotter. From Fort Wm. McKinley, P. I., to Division Hospital: Clara M. Ervin. From the Walter Reed General Hospital, Takoma Park, D. C., to the Attending Surgeon's Office, Washington, D. C.: Carrie L. Howard, with assignment

as Chief Nurse. To Army General Hospital, Fort Bayard, N. M.: Emmy C. I. Hoffstrom, Anna B. Carlson, Bertha Purcell. To Army and Navy General Hospital, Hot Springs, Arkansas: Zoe V. Simpson and Lila Fair. To Letterman General Hospital, San Francisco, Cal.: Anna Lundy, Florence M. Gardner, Janet Christenson. From Army General Hospital, Fort Bayard, N. M., to Army and Navy General Hospital, Hot Springs, Ark.: Henrietta Davidson, with assignment as Chief Nurse. To Walter Reed General Hospital, D. C.: Sophy M. Burns. To Letterman General Hospital, San Francisco: Charlotte M. Bement, Beatrice L. Hirtle, Ethel M. Baker. From Army and Navy General Hospital, Hot Springs, Ark., to the Letterman General Hospital, San Francisco: Mary C. Jorgensen. From Fort Shafter, Honolulu, H. I., to the Philippines Division: Charlotte M. Bement. From the Letterman General Hospital, San Francisco, Cal., to Army and Navy General Hospital, Hot Springs, Ark.: Hannah A. Kallem. To the Walter Reed General Hospital, Takoma Park, D. C.: Carrie L. Howard. To Army General Hospital, Fort Bayard, N. M.: Agnes M. Burns. To Fort Shafter, Honolulu, H. I.: Charlotte M. Bement and Beatrice L. Hirtle. To the Philippines Division, Ethel M. Baker.

DISCHARGES

From office of the Attending Surgeon, Washington, D. C.: Sarah A. Brock. From Army and Navy General Hospital, Hot Springs, Ark.: Minnie E. Schreiber, Vally Ness. From Walter



A GROUP OF NURSES IN TRAINING, SPARKS MEMORIAL HOSPITAL, FT. SMITH, ARKANSAS

Reed General Hospital, Takoma Park, D. C.: Marion C. Lucking, Johanna Linehan, Louise J. Person, Lillian Russell and Florence E. Mason. From Letterman General Hospital, San Francisco, Cal.: Margarette S. Lundy, Alice G. Beck, Elizabeth M. Hanson, Anna M. Cotter, Florence M. Gardner.

Alice G. Beck, who was appointed from Philadelphia, Pa., July 1, 1911, and honorably discharged on October 7, 1912, on account of physical disability, died on October 17, at her home in Martinsburg, West Virginia.

ISABEL MCISAAC,
Superintendent, Army Nurse Corps.



Massachusetts

The training school for the new Peter Bent Brigham Hospital is already in operation on a very small basis. There will be no ostentatious opening or proclamation of intentions concerning its work, which it is expected to make the best possible.

Outlines of this work are still under consideration and nothing definite settled upon, but the earnestness and efficiency of those in charge guarantees success to this branch of Harvard College. Miss Hall is superintendent of nurses.

The Cambridge Visiting Nursing Association is doing a splendid work. In the month of October the regular corps of nurses made 1,666 visits, in addition to 182 visits made by Miss Thatcher, the tuberculosis nurse.

The first month of the hourly nursing established by the Beal Registry, Boston, has been one of great activity and promises to become popular, equally in the Back Bay hotels and lodgings and private homes. Doctors practising among the salaried classes are particularly enthusiastic about it, saying it is giving them the help they have been asking for.



Connecticut

The commencement exercises of the St. Francis Hospital Training School for Nurses, Hartford, were held Monday, December 30, 1912, at 8 P.M., when a most interesting program was successfully carried out. The address to the graduating class was by A. J. Wolff, M.D. Remarks and presentation of diplomas and badges by Right Reverend Bishop Nilan. The class history was given by Miss Eveline A. Bellerose. The class ode by Miss Mary C. Hathaway. An address by Miss Grace E. Doran. A fine musical program added to the enjoyment of the occasion. The successful graduates were Veronica Mary Roche, Anna Victoria Piechocki, Amy Teresa Meagher, Grace Elizabeth

Doran, Mary Cordelia Hathaway, Eveline Amelia Bellerose, Marie Louise Morin, Mary Frances Mulligan, Josephine Rosetta Geisler.



New York

On Christmas Eve a Christmas tree was given the nurses and the household of the Homeopathic Hospital, Buffalo. A rather novel way of providing these gifts was introduced. All of the names were written on slips of paper, then each one drew a slip and purchased a present for the person whose name he drew. The entertainment committee provided the tree and ornaments. Most of the nurses also hung up their stockings; which Santa Claus found and supplied with gifts of a more or less amusing character. And some had small trees in their rooms so that the Christmas spirit of mystery and joy permeated everywhere.

On New Year's Eve the pupil nurses entertained themselves and friends with a masquerade party. This was given in the new Recreation Room and was chaperoned by members of the entertainment committee.

A recent innovation in the training school is that it has been decided that hereafter, at the discretion of the superintendent and her assistant, the seniors may be given a narrow black band on their caps, and a senior in charge of a floor one of the usual width. This latter is merely an indication of rank, and is worn only during the period of service.

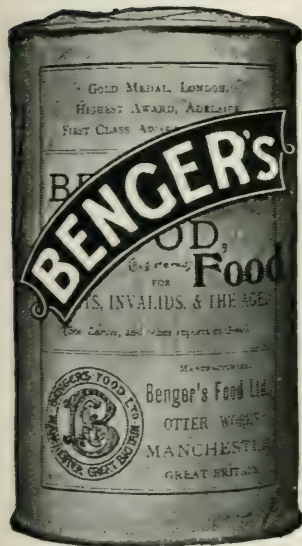
Three of the graduates of the school are on the nursing staff of the government service; Miss King and Miss Stebbins are in the Navy Nursing Corps, while Miss Culbertson is in the Army Corps and stationed at Panama.

The Nurse Board of Examiners of New York State is much perturbed over the carelessness of a large number of applicants for registration in their methods of application and the preparation of their papers, etc. The board feels that this carelessness is apt to prejudice the board of education against the entire nursing body. The percentage of those guilty of such carelessness has become so great that the board feels justified in giving publicity to the matter. Miss Lina Lightbourne, president of the board, writing in a contemporary nursing journal, makes the following statement:

"The board feels there should be positive evidence of professional pride on the part of all nurses seeking the benefits of registration, and that every nurse having dealings with the depart-

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Winter Class, second section opens March 12, 1913.

Spring Class on May 15; Summer Class on July 9, 1913

INSTRUCTORS

J. MADISON TAYLOR, A.B., M.D., Univ. of Penna., Associate Professor of Nonpharmacutic Therapeutics, Med. Dep. Temple Univ.
DANIEL M. HOYT, M.D., (Univ. of Penna.)
HOWARD A. SUTTON, M.D., (Instructors University of Pennsylvania)
ELDRIDGE L. ELIASON, M.D., (Instructor Univ. of Penna., and Woman's Medical College)
FRED D. WEIDMAN, M.D., (Instructor Univ. of Penna., and Woman's Medical College)
B. E. VINCENT LYON, M.D. (Johns Hopkins Univ., Bacteriologist and Pathologist to German and Methodist Hospitals, etc.)
LOUIS H. A. VON CUTZHAUSEN, Ph.G., M.D. (Graduate Phila. College of Pharmacy, Med. Dept. University of Penna., Penna. Orthopaedic Institute.)

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER, M.D. (Univ. of Penna., Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's Phila., General Hospital (Blockley), Mount Sinai and W. Phila. Hospital for Women, Cooper Hosp., etc.)

HELENE BONSDORFF (Gym. Ins., Stockholm, Sweden).

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic Institute).
EDITH W. KNIGHT }

MARGARET A. ZABEL, R.N. (Grad. German Hospital, Phila., Penna. Orthopaedic Inst.)

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MAX J. WALTER, M.D., Superintendent

ment of education should appreciate that that department is receiving impressions of the educational status of the women composing the ranks of our profession through the material sent into its offices.

"To illustrate what is being referred to: First, we protest against the department being compelled to write two, three and even six letters in some cases, in order to secure data as required in the forms issued to each applicant; second, the almost illegible penmanship in some cases; third, the very apparent failure to read directions, and, fourth, the carelessness in the arrangements of answers to questions as given.

"Plainly speaking, we often feel that a better argument in support of the contention of the department for higher preliminary educational requirements could scarcely be found than is exhibited by the make-up of some of these application forms, which a very young schoolgirl might well be ashamed to send out above her name."

Miss Winifred Black, R.N., St. Lukes, New York, '11, is organizing an electro-medical bureau in the New York Edison Company. It is her purpose to secure from various manufacturers an exhibit of therapeutic apparatus in which electricity is a factor. To this end she has visited Philadelphia, Chicago, Battle Creek, St. Louis and Rochester. It is expected that some time in March the apparatus will be ready for display in the Edison Building, at 124 West 42d Street.

This is a radical departure from the usual practice of lighting companies. Its purpose, however, to afford manufacturers a place to show their apparatus, and medical men and nurses all of the latest types without the necessity of visiting a number of widely scattered salesrooms.

The female nurses and attendants of Buffalo State Hospital gave a very enjoyable leap year dance on the night of December 30, in Andrews Hall. Good music, tasty refreshments and a goodly attendance of the hospital folk made the function a decided success.

The Alumnae Association of St. Luke's Hospital, Newburgh, gave a reception and dance to the nurses in training at the new home of the latter New Year's Eve. Over sixty of the nurses and their friends attended. Miss Woolsey and Miss Quillie assisted the nurses in receiving. The dancing was continued until twelve o'clock, when all the lights in the large hall were put out except those on the Christmas tree and the company all joined in singing "Auld Lang Syne."

During the evening refreshments were served by a committee, consisting of Miss Wynne, Miss Skidmore and Miss Gawley.

Died at St. Joseph's Hospital, Far Rockaway, New York City, on Tuesday, November 26, 1912, Katherine E. Mulry, Class of 1912.

On receipt of the sad news the members of the Nurses Alumnae Association met and adopted the following resolutions:

WHEREAS, It has pleased God to take unto Himself our beloved member, Katherine E. Mulry, after much suffering, therefore be it

RESOLVED, That we desire to express our sincere sorrow for her death and extend to her family our heartfelt sympathy in this their bereavement, and that a copy of these resolutions be sent to the family of our deceased member, to the nursing magazines and recorded in the minutes of the Alumnae Association.

C. SIMON,
M. LUEBKE,
F. BYRNE,
Committee.

At a meeting of the board of estimate and apportionment, of Albany, approval was given the application of the board of education for the establishment of a medical inspection system in the public schools by the appointment of a physician as chief inspector at \$2,000 a year, and four nurses as assistants at \$750.

Commissioner of Public Safety H. E. Hessler, of Syracuse, has asked the board of estimate and apportionment to include in the tax budget for 1913 an appropriation for the permanent employment of five school nurses instead of two, as at present provided. There are five nurses at present in the service of the city, but four of these are working on temporary appointments.

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New Jersey

The regular meeting of the Nurses' Alumnae Association of the Paterson General Hospital was called to order by the president, Mrs. Magnet, December 3, 1912, 3.30 P.M.

Fifteen members responded to the roll call. The question of giving something each year to the Nurses' Home in return for the privileges accorded the Association will be acted upon at the June meeting. A committee of three was appointed to correct names and addresses of members. Fourteen members were reported in arrears with dues.

About 1,704 pieces, including 69 jars of fruit

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is the most practical, and at the same time the most scientific means for the modification of cow's milk for infant feeding.

By simply changing the proportions of Mellin's Food, milk and water and varying the richness of the milk, a formula to meet the condition of any baby may be obtained.

We have just published a new edition of "The Care and Feeding of Infants." This book reduces to simple, clear, practical principles the facts learned from nearly fifty years' experience in raising healthy, happy children.

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INFLAMMATION AND ANTIPHLOGISTINE

while not synonymous, the manifestation of one suggests the thought of the other.

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INFLAMMATORY RHEUMATIC JOINTS

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CHILBLAINS AND OTHER INFLAMMATORY CONDITIONS

BUISES

FROST-BITES

Antiphlogistine applied thick and hot affords immediate relief. NOTE.—A name qualifies both product and result. See that your first thought Antiphlogistine, is applied and not an imitation.

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for the Children's Ward, were exhibited on Guild Day on the Josephine Osborne Memorial Table by the Alumnae Association. Mrs. Dunning was extended a vote of thanks for her work, and Mrs. Todd was asked to take charge of the table next year. There was no new business.



Pennsylvania

The annual meeting of the Alumnae Association of the Philadelphia Lying-In Charity Hospital was held at the hospital Thursday afternoon, January 2, 1913, at three o'clock, the president, Miss Miriam Wright, in the chair. Twenty-five members were present. The corresponding secretary reported that ten new members were elected to membership during the past year, and one death.

Dr. William R. Wilson, a former member of the hospital staff, gave the nurses a very interesting talk, which all enjoyed.

The following officers were elected to serve during 1913:

Miss Miriam Wright, R.N., president; first vice-president, Miss Clara Steinmetz, R.N.; second vice-president, Miss Cristine Gunn, R.N.; treasurer, Miss Frances Taylor, R.N.; corresponding secretary, Miss Lillian Ernest, R.N.; recording secretary, Miss Adele Miconi, R.N.



Kentucky

The annual meeting of the Jefferson County Graduate Nurses' Club, was held at the Nurses' Club House, Louisville, Monday, January 6, 1913, when the following officers were elected: President, Miss Matilda Steilberg; vice-president, Miss Elizabeth Robertson; recording secretary, Miss Louise Weissinger; corresponding secretary, Miss Meta Baum; treasurer, Miss J. O. Conner. The chairmen of standing committees were also appointed as follows: Sick benefit, Miss Julia Beard; membership, Miss Mary Browning; program, Miss Mary C. Very; entertainment, Miss Alice Foreman.



Louisiana

The Charity Hospital Alumnae Association held its first business meeting January 2. The association was organized on December 28, when its officers were elected, but it was found necessary to elect two more officers. These were a vice-president and an assistant secretary.

The present officers of the alumnae are: Honorary president, Sister Mary Agnes; president, Miss Barbara Franke; honorary vice-president, Sister

Angela, and vice-president, Miss M. Delaughter; Mrs. S. A. Cruice, second vice-president; secretary Miss Catherine Howard; assistant secretary, Miss Mary Koenig; treasurer, Sister Mary Agnes. Miss Agnes Ponder is the registrar.

The alumnae banded together to further the interests of their alma mater and to help in raising the standards of their profession and by furnishing an opportunity to their members of keeping in touch with the latest improvements in methods of their calling.

While the organization is yet in its infancy it desires to help all needy members of the profession, and while there is no fund yet to care for sick nurses, there will be a sick committee formed to visit all such and see to their wants.

The committee will take convalescents out for rides and will see to their needs in other ways.

It was decided to elect honorary members, and Miss Agnes Ponder was the first of such members outside of the profession to be so elected. Miss Ponder has given valuable service as registrar.



Illinois

EXAMINATION QUESTIONS

HYGIENE

(Rating on 5 out of 7 Questions)

1. What points would you consider when investigating the surroundings, regarding sanitary conditions, if sent into the country to care for a typhoid case? 2. (a) Name the direct causes of disease. (b) Name the indirect or predisposing causes of disease. 3. What are the duties of a nurse when caring for a case of tuberculosis? 4. Why has the public drinking cup and the roller towel found a place in legislative acts? Can you name two other common practices which may also be censured? 5. Disinfectants are divided into three classes: light, heat, chemicals. Discuss light as a disinfectant; discuss the value of two (2) chemical disinfectants. 6. What general points would you consider essential to enforce from the time of placing a patient in quarantine until the same was raised? 7. Food is often preserved by chemicals. Name two of the most commonly used chemicals, which are harmless. Name two other chemicals used in preservation of food, which if used constantly may be harmful.

MEDICAL NURSING

(Rating on 5 out of 7 Questions)

1. State methods and precautions in giving: (a) Baths for diaphoretic purposes. (b) Baths for sedative effect. 2. What complications are liable to occur in: (a) Typhoid fever; (b) pneumonia; (c) diabetes. 3. With each point, in answer to the above questions, state specific nursing precautions to be emphasized for the purpose of prevention or care. 4. State method and precautions in giving: (a) Continuous saline enema. Nutritive enema. 5. State points to be observed in

GLYCO-HEROIN (SMITH)

AN ABSOLUTELY STABLE AND UNIFORM PRODUCT THAT HAS GAINED WORLDWIDE
DISTINCTION THROUGH ITS DEPENDABLE THERAPEUTIC EFFECTS IN THE TREATMENT OF
**COUGH, BRONCHITIS PERTUSSIS, PNEUMONIA,
PHTHISIS AND ASTHMA**

Glyco-Heroin (Smith) affords unvarying results that can not be expected from extemporaneously prepared mixtures obtained through ordinary sources. This fact is demonstrated by the extensive use of Glyco-Heroin (Smith) by physicians in their practise.

Glyco-Heroin (Smith) is supplied to druggists in sixteen-ounce dispensing bottles. The quantity ordinarily prescribed by physicians is two, three or four ounces.

DOSE—The adult dose of the preparation is one teaspoonful, repeated every two hours or at longer intervals, according to the requirements of the individual case. For children of ten or more years, from one-quarter to one-half teaspoonful. For children of three or more years, from five to ten drops.

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We have other styles made of dependable white materials at \$4.00 and \$4.50, nurses' stripes and plain blue at \$3.50 and \$2.50.

Each uniform is guaranteed to be of the highest quality, correct workmanship and fit. Should any uniform prove unsatisfactory or not as represented, we will promptly refund your money.

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AZNOE'S CENTRAL REGISTRY for Nurses which is the largest, oldest and most reliable Nurse's Registry in America, will place you in a desirable position if you are a graduate nurse with institutional experience.

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If you are a competent nurse desiring to secure a good position, write today for **FREE** booklet fully explaining the efficient service we render nurses registered with us.

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the nursing care of a patient having acute nephritis. 6. (a) Give at least four general rules to be observed in the nursing care of nervous patients. (b) Give points in nursing care in a case of epilepsy. 7. What is the Brandt bath? What is its purpose, advantages, and what are the special precautions necessary in giving the same?

GYNCOLOGICAL NURSING

(Rating on 5 out of 7 Questions)

1. What are the usual methods pursued for the examination of a patient suffering from gynecological diseases? 2. What preparation of patient is necessary for such an examination? 3. (a) Describe the uterus. (b) Give function of the ovaries; of the fallopian tubes. 4. (a) What are the indications for the vaginal douche in the treatment of gynecological disorders? (b) What are the important points to be observed in the giving of douches? 5. Following an abdominal operation, what are the symptoms, local and general, of infection? 6. In addition to symptoms of infection, what other unfavorable symptoms would you note and report, following an abdominal operation? 7. Give some nursing measures: (a) To induce urination. (b) For relief of vomiting.

ANATOMY AND PHYSIOLOGY

(Rating on 5 out of 7 Questions)

1. (a) How are bones classified? (b) Describe a long bone. 2. Describe: (a) Pleura; (b) diaphragm. 3. (a) What are the causes of body heat? (b) In what way may the heat of the body be normally regulated? (c) In what ways may the heat of the body be partially regulated by artificial means? 4. (a) In the circulation of the blood, to what is the pulse beat due? (b) Why is there no pulse beat in the capillaries and veins? 5. (a) Describe the pericosteum. (b) What is its function? 6. (a) Where are the intercostal muscles located? (b) What and where is the colon? 7. Name the organs of circulation. Describe the heart.

ETHICS

(Rating on all 5 Questions)

1. A nurse is sent into the country to care for a case of acute rheumatic fever. Give your opinion regarding the right of the nurse to give cathartic or enema, when the doctor is not visiting the patient oftener than once in three or four days, and there is no other means of communication with him.

2. A nurse is on a case where patient and relatives become dissatisfied with the physician in charge and decide to employ another. What is the nurse's duty in the case toward the patient, the relatives, the doctor and herself?

3. A nurse is called to care for a patient who is to undergo a "minor operation," which she learns, after the operation, is criminal abortion. What is her duty in such a case, to the patient and to the doctor?

4. Give two rules bearing on the relation of the nurse to her profession; two rules bearing on her relation to her school; two rules bearing on her relation to the individual nurse.

5. State briefly what you consider the duty of a nurse as regards the social evil: (a) In her relation to the public generally. (b) In her relation with a patient where either of the specific diseases exist.

Michigan

The Anti-Tuberculosis Society of Saginaw is doing a very valuable work under the leadership of Miss Lillian I. Nichols, a graduate of the New York Hospital, New York City. Writing in *The Alumnae News* for January, Miss Nichols tells the history of her work. She says: "Three years ago I came to Saginaw to take charge of the work which was being carried on by the board of the Saginaw General Hospital. This work was made possible by a memorial fund of \$30,000. the interest alone to be applied to the work. The work was being done by graduate nurses, who had received only their hospital training, and with no center from which to survey the work.

"A monthly average of from fifteen to eighteen patients was on the books, at an average cost for incidentals, eggs, milk, carfare, etc., of from \$65 to \$75 per month.

"My first move here was to sprain my ankle so severely that it necessitated my being a hospital patient. From my room in the hospital I organized a special nursing committee from the hospital board, and engaged rooms for a dispensary. In two weeks I was in the field, with a good knowledge of the inner workings of the hospital. Getting in touch with the doctors, popularizing the work is all familiar ground to every visiting nurse, but there was a lack of co-operation; any community is willing to sit calmly by and see the work carried on, my idea was to make them help.

"Our Anti-Tuberculosis Society was a dead letter, so I set about re-organizing that, with the result that we have today a real working force of interested people and several hundred members.

"The next dead letter to be brought to life was the board of health; results in that direction have been a fine tuberculosis hospital, which accommodates thirty-six patients, a trained nurse in charge, with one assistant and giving a proper place to segregate our cases. We lack legislative power, but that matter is under discussion and, I trust, will be satisfactorily settled during the winter.

"My pet plan was a shack for incipient children, where we could mother and restore them to health. That, too, has been realized, and we have now accommodations for twelve, and a happier, healthier lot it would be hard to find.

"We are averaging between sixty and seventy patients a month, with an average incidental expense, including milk and eggs, of less than \$25. This is, of course, exclusive of the nurse's salary.

"The Anti-Tuberculosis Society has provided the nurse with a gasoline runabout, which at present is the only assistant. The 1st of Novem-

Medical Opinion Concerning Coffee

is more concrete, definite, decisive today than it ever was before.

The Doctor of the present time **knows definitely** why he must, under certain conditions, for the best interests of his patient, forbid coffee as a beverage.

He knows, for example, that the active principle, Caffeine, in coffee, acts directly as a stimulant on the heart and, in this way, increases the blood-pressure when it might be desirable to relieve an already too-high tension.

Acting on the heart in this definite way, if used as a routine stimulant, coffee, in time, must inevitably produce more or less irregularity of the heart's action, and thus be the forerunner of greater or less serious chronic trouble (some persons being more susceptible than others).

The logical, easy way to **lead** the patient out of the impending danger (be it of whatsoever degree) is to prescribe the well-known, wholesome and agreeable drink, **POSTUM**.

Made of clean, hard wheat and the juice of Southern sugar-cane, this cereal beverage is **not** in any way harmful, but, in a degree, nutritious.

Postum now comes in new, convenient form called

Instant Postum

It is percolated at the factory and reduced by special, sanitary process, to a concentrated powder. A teaspoonful of the powder in a cup with **hot** water produces a perfect cup **Instantly**.

The flavor of "Instant Postum" is always the same—refreshing, delicious, wholesome, satisfying.

The "Clinical Record," for Physicians' bedside use, together with samples of **Instant Postum**, **Grape-Nuts** and **Post Toasties** for personal and clinical examination, will be sent on request to any physician who has not yet received them.

Postum Cereal Company, Limited, Battle Creek, Michigan, U. S. A.

ber, 1912, the nurse was taken over by the Anti-Tuberculosis Society and is now wholly under its supervision.

"There is no school nurse as yet, but the most serious cases are also in my care. Preventive an educational are the strong factors.

"One hundred and twenty-four children are my Christmas family, each one to be provided with a filled stocking, clothing, etc., and at least twenty families to be provided with Christmas dinner."



Colorado

The graduating exercises of the Boulder-Colorado Sanitarium for the Class of 1912 were held in the Seventh Day Advent Church.

Four men and twelve women, the largest class ever graduated, received diplomas certifying their completion of the nurses' course. The class sermon was delivered by Pastor C. R. Kite, president of the Colorado conference. An interesting program was rendered by friends and faculty. Dr. Katherine Lindsay, a member of the medical staff of that institution, delivered the graduating address.

George Richardson, of Denver, rendered a charming violin solo, and Mrs. Glen Cartwright, one of Boulder's beautiful soloists, favored the class with a song.

Dr. H. A. Green, medical superintendent of the Boulder-Colorado Sanitarium, presented the diplomas. The choir club of the church rendered the class song.

The names of those receiving diplomas are:

Gladys Andrews, Edna Eugenia Bronson, Elizabeth Coleman, L. A. Carr, Ruth Godwin, Rachel Johnson, John J. Jones, Marie Kein, Sophia Paulsen, Kate D. Sanborn, Anna Sauerwein, Charles Syphers, R. F. Thompson, Clara Weightman, Lova Kite.

The church was decorated in class colors, and beautiful flowers and ferns added to the attractiveness of the occasion.



Kansas

The Harrison Hospital, Chanute, started about seven years ago by two nurses, has recently obtained a charter entitling its boards of directors, to conduct a "Training School for Nurses."

It is now prepared to give a course of training that shall meet the requirements of the proposed bill for State registration of nurses.

There are a few vacancies for pupil nurses.

Personal

Miss Rena Murray, of St. Luke's Hospital, Chicago Ill., took up her duties as surgical nurse at Everett Hospital, Lincoln, Neb., December 1, 1912.

Miss Ethel Brockway, head nurse of Esther Hospital, Lincoln, Neb., was given a birthday party by the graduate nurses of the hospital on November 29, 1912, and presented with a chafing dish.

Miss Minnie I. Smith, R.N., graduate of St. John's Hospital, Helena, Mont., who has been doing private nursing in Rockford, Ill., for the past year, spent the holidays with her parents at Douglas, Wyo.

Miss Frances H. Verscherer, of Philadelphia, has assumed her duties as supervising nurse at the Homeopathic Hospital, Reading, Pa., succeeding Mrs. Chamberlain, who recently resigned.

Mrs. H. B. Aznoe, R.N., president of Aznoe's Central Registry, of Chicago left on January 15 for a two months' trip in Florida.

Miss T. M. Mayer, R.N., graduate of the St. Bernard's Training School and Hospital, of Chicago, has accepted the position of superintendent of the Frazee Hospital, Frazee, Minn.

Miss Else Oestergren, graduate of the Altoona Hospital, Altoona, Pa., is now located in Evans-ton, Ill., and will take up hospital work soon.

Miss M. C. Moore, graduate of the Grace Hospital, Chicago, has accepted the position of superintendent of nurses, in the Abbott Hospital, Oskaloosa, Iowa.

Miss Edith M. Cleveland, R.N., has accepted a position in the Margaret Pillsbury Hospital, Concord, N. H.

Miss Rose K. Golden graduate of St. Mary's Hospital, Saginaw, Mich., formerly superintendent of Amboy Hospital, Amboy, Ill., has accepted the superintendency of the Unity Hospital, Creston, Iowa.

Miss Clara Williams, of Orlando, Fla., has accepted a position at the A. & M. College Hospital, College Station, Tex.

Pepto-Mangan (Gude)

Is an ideal ferruginous tonic, because:

It rapidly increases the number of red corpuscles and the percentage of hemoglobin.

It does not irritate or derange the stomach.

Far from causing anorexia, it actually increases the appetite.

It is distinctly palatable—a point of great importance in the treatment of women and children.

It does not constipate.

It does not affect the teeth.

It is the standard hematinic, because:

It contains an appreciable dosage of both iron and manganese, in a neutral organic solution, as true peptonates.

It undergoes no chemical change in the stomach and is ready for quick absorption and rapid infusion into the blood.

Therefore, it clearly follows that Pepto-Mangan(Gude) is of marked and certain value in Anemia, Chlorosis,

Rickets, Chorea, Amenorrhea

Dysmenorrhea, Neurasthenia,

Bright's Disease, Convalescence,

in fact in all cases of blood impoverishment from whatever cause.

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A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

Miss Amanda Holt, graduate of the Douglas County Training School, Omaha, Neb., Class of 1912, has located in Boone, Iowa, where she will engage in private nursing.

Miss Gertrude Eldora Swallum, graduate of the Stoul Institute, Menomone, Wis., has accepted a position as dietitian, State University Hospital, Oklahoma City, Okla.

Miss Ida C. Paulson, after her post work in the City and County Hospital, St. Paul, Minn., has accepted a position in the Olympic Hospital, Port Argeles, Wash.

Miss Elizabeth M. Adams, graduate of the Jane M. Case Hospital, Delaware, Ohio, has accepted a position in the Children's Free Hospital, Detroit, Mich.

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Married

On September 23, Olive Croshaw, Class of '08, Cotner Medical College Training School for Nurses, Lincoln, Neb., to R. McVicker.

On October 30, Katherine Buck, Class of '07, Cotner Medical College, Training School for Nurses, Lincoln, Neb., to Rev. E. Hatfield, of Sioux City, Iowa.

On December 24, at Victoria, Tex., Louise I. Chase to William L. Stoner. Mrs. Stoner was formerly matron of the Valley View Hospital, Victoria.

In November, 1912, at Los Angeles, Cal., Rebecca Conrad, formerly a nurse in Hahnemann Hospital, Philadelphia, Pa., to James G. Dickey.

On Thanksgiving evening, 1912, at Rochester, N. Y., Margaret Isabella Harrison, to Mounsey Hodgson. Mrs. Hodgson is a graduate nurse of the Hahnemann Hospital, Rochester, N. Y.

On November 19, 1912, at Brantford, Ont., Florence Murphy to Dr. F. I. Bishop. Mrs. Bishop is a graduate nurse of the Hospital of the Good Shepherd, Syracuse, N. Y.

On December 25, 1912, Irene F. Riker to Arthur Howard Hittle. Mrs. Hittle is a graduate of the Homeopathic Hospital Training School, Utica, N. Y., and post-graduate of the General

Memorial Hospital, New York City. Mr. and Mrs. Hittle will make their home in Cedar Rapids, Iowa.

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Births

On November 19, 1912, to Mr. and Mrs. J. D. Taylor, a daughter. Mrs. Taylor is registrar of the Central Directory of Lincoln, Neb., under the auspices of the State Association.

On November 15, 1912, to Dr. and Mrs. C. A. Arnold, of Chicago, Ill., a son. Mrs. Arnold was Miss Irma Sears, Class '01, Green Gables, Lincoln, Neb.

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Deaths

At Poughkeepsie, N. Y.; December 5, 1912, Frances M. Quaife, graduate of New York Hospital Training School for Nurses. Miss Quaife's life, from the time of her graduation, 1889, was an active and useful one. For many years she held the position of superintendent of the Truro Infirmary, New Orleans, La., and of recent years has been at the head of North Hall, Vassar College, where she was much loved by the students. In a service held in the College Chapel, Dr. Taylor spoke beautifully of her life and character. Funeral services were held at the residence of Mrs. David Muir, 15 Randolph Place, Orange, N. J.

On October 29, at Ellensburg, Washington, Mrs. Ida M. Cocks, Mrs. Cocks' death was sudden and unexpected, resulting from internal hemorrhage. The burial took place at Worthington, Minn., the former home of Mrs. Cocks.

At Reading, Pa., December 3, 1912, Lulu L. Lengel. Previous to her illness Miss Lengel was a pupil nurse at the Garfield Hospital, Washington, D. C.

At Newark, N. J., December 17, Emma Louise Treiber. Miss Treiber was a graduate of St. Mary's Hospital Training School, Newark, N. J., Class, 1909.

At Saranac Lake, N. Y., December 27, Lydia K. Ladd. Previous to her illness Miss Ladd was a student nurse at the Robert Packer Hospital, Sayre, Pa.

Intractable Coughs and Colds

—owing their prolongation to constitutional or systemic weakness
—are usually bound to continue until the nutrition and vitality of the whole body are substantially improved. The well-known capacity of

GRAY'S GLYCERINE TONIC COMP.

to spur physiologic processes, promote functional activity and restore the nutritional tone of the whole organism, readily accounts for the benefits that promptly follow its use in all affections of the respiratory tract.

¶ When local remedies fail, or at best give but temporary relief, "Gray's" can be relied upon to so reinforce the natural protective and restorative forces of the body that even the most persistent catarrhal diseases are quickly controlled and overcome.

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This IMPENETRO Sheet
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Retail price, 25 cents. Jobbers are supplied.



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New Remedies and Appliances

A False Report

Many of our readers will be pleased to learn that the rumor that the popular R. R. R. helps for nurses had been withdrawn from the market is untrue. Older readers will welcome the return of this well-known trademark to our advertising pages, while newer ones will do well to acquaint themselves with these modern "helps that help." They are sold by F. L. Ruddy, Herald Building, Watertown, N. Y.



Great Convenience

"I write to express my appreciation of 'Dix-Make' uniforms bought by me after having seen your advertisement. They are the best fitting and the best-made uniforms I have ever had; I had no idea that such splendid garments could be purchased ready for wear, and I shall certainly never have my uniforms made to order in the future. I feel thankful to you for saving me time, money and annoyance."

So writes a nurse from South Dakota, and so write many nurses from all sections of the States. Hospitals, too, are now purchasing "Dix-Make" ready for wear uniforms, instead of having them made in a crude, primitive way, "around the corner," and they are getting superior garments in every way and for less money.

Henry A. Dix & Sons Company have achieved a distinct success, due entirely to their efforts to place on the market better uniforms than were ever to be had before.



Antiphlogistine

There are two important points in the use of Antiphlogistine. First: Put it on thick, thick, using it hot for internal inflammations and cold for burns and scalds. Second: Never put cloth over the Antiphlogistine, except a thin layer of gauze, if necessary, but put absorbent cotton in thick layers over your first dressing. Don't try to remove it as long as it sticks to the skin, for it will let go as soon as it has done its work. I have used this preparation (Antiphlogistine) frequently in severe burns and scalds and yet have to meet my first disappointment in its curative power.

Glyco-Heroin (Smith)

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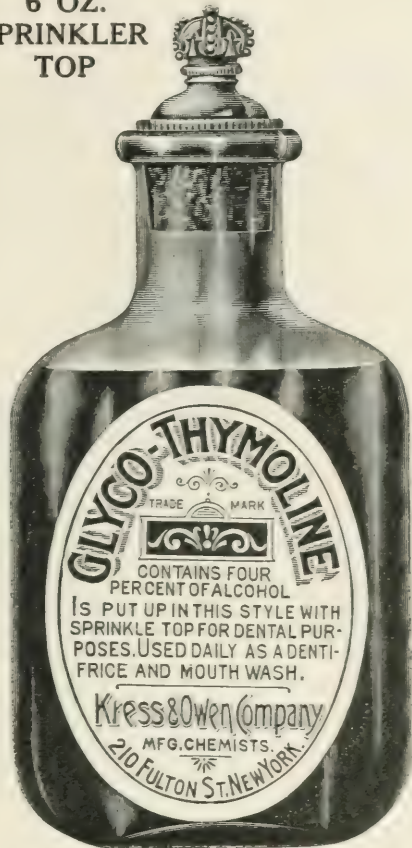
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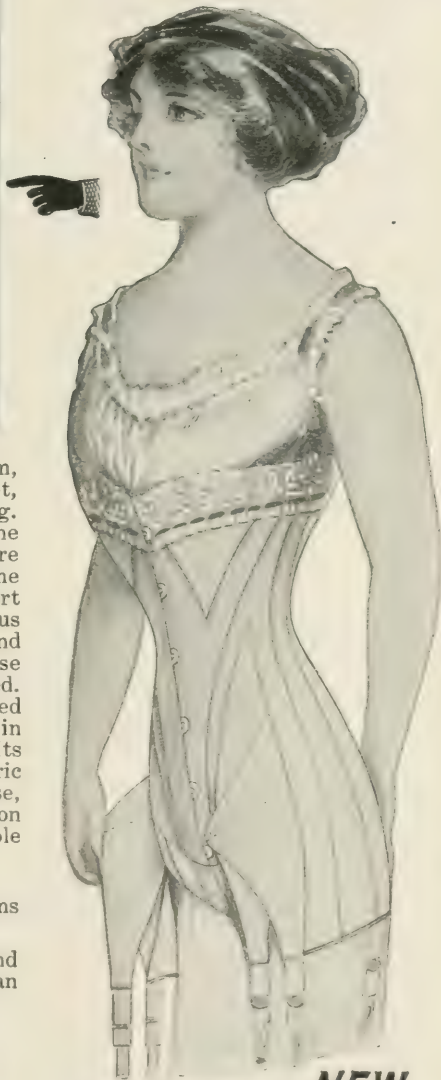


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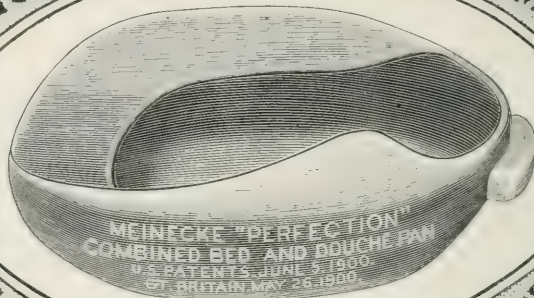
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The Trained Nurse and Hospital Review

VOL. L.

NEW YORK, MARCH, 1913

No. 3

Our Ancestry*

LAWRENCE W. LITTIG, A.M., M.D., M.R.C.S.

Davenport, Iowa.

WHEN a stranger knocks for admission to the select social circle in Philadelphia, the question always asked is "Who is he, who are his ancestors?" I shall briefly answer this question for the young women that are tonight admitted to a select and honored circle.

In the very early centuries of the Christian era the temples of Esculapius, Hygeia and Serapis were refuges for the sick and disabled. Here these unfortunates were cared for in the best manner possible in those times. In the fourth century of the Christian era these temples were closed to the sick, and the patients within were turned adrift, with none to care for them. This state of affairs appealed to Fabiola, a Roman lady, who founded a hospital, and who is thus the first hospital head of whom history makes mention. About the same time Facilla, the wife of Theodosius I, interested herself in the sick. She established hospitals and otherwise encouraged the relief and care of those that no longer found refuge in the temples. The movement to care for the sick in an organized manner rapidly spread, and in 395 to 423 there were six hundred women nurses in Alexandria, under the control of and furnished by the religious orders.

*Address to the Graduating Class of Nurses, Mercy Hospital, Davenport, Iowa.

From that period to the present time the religious orders of the Catholic world have been leaders in the organized care of the sick, and today the lay nurses in England are still addressed as "sister," a title highly prized by the holder and honored and respected by the public. There was no lack of nurses in those older times; it was an honored and respected profession, and its members were recruited from the very highest ranks in society. There was no want of aspirants for these honors, as is evidenced by an order dated May, 1578, directed to the rector and prior of the Hotel Dieu, in Paris, not to receive any novices without speaking to the "company," as there "is an excess of nuns and novices, who cause a great expense to the hospital." As stated, at that time nursing was an honored and respected occupation in Paris. Not so in London. In 1544, when Henry VIII re-established St. Bartholomew's Hospital, the nursing staff consisted of a matron and twelve nurses, who were engaged in domestic occupations when off duty. In London nursing was a low and menial labor, an inferior means of making a livelihood, taken up by those without training, or self-schooled. This state of affairs continued until about the middle of the nineteenth century.

The first institution for training nurses and deaconesses was founded in Kaiserwerth, Germany, in 1836. This institution was for men and women, the institutions antedating this one being for men only.

In 1840 Mrs. Frye founded a similar institution in London, and in 1857 this institution had ninety nurses. Up to 1860, religious orders were practically the only organizations which made it a life work to care for the sick, and the services rendered by them were of a high order, considering the state of the medical profession during the same period. This is the first or religious period of nursing.

In 1820 there was born in Florence, Italy, of English parentage, an infant destined to revolutionize the profession of nursing and to render incalculable benefits to humanity. Because she was born in Florence her parents gave her the name of the city in which she was born. Her father's name was Nightingale. As a child we are told that Florence Nightingale evidenced a love for nature and for humanity, and that her chief occupation as a child was to act as nurse to her dolls, playing that they were sick or injured. She was of noble parentage, and when the time came that presentation at court was unavoidable, Florence shrank from the ordeal. She cared little for fashion's giddy whirl in London during her first season, but spent her time visiting and studying in the hospitals. Shortly afterward she went to Germany, to study in the institution for deaconesses at Kaiserwerth, where she took a full course. Later she visited Paris, studying and observing in the institutions in the charge of the Sisters of St. Vincent de Paul. In 1854, the Crimean War was at its height. Thousands and thousands of sick and injured soldiers were absolutely uncared for, and indescribable conditions existed at the seat of war. Public sentiment in England was aroused. Public subscriptions were taken and ample funds were soon available. Miss Nightingale,

with thirty-seven heroic and devoted women, some of them trained and others simply volunteers, betook themselves to Crimea. At one time she had ten thousand sick and wounded under her charge. Previous to her coming the mortality had been as high as 42 per cent. It soon fell to 2 per cent. Words fail to picture the self-sacrifice and devotion of this heroic woman and her noble work during this awful war. The English government appreciated her services, and sent a war ship to bring her back to England. The people of London planned to give her a reception worthy of the services she had rendered. As a timid young woman presentation at court had been a trial, and Miss Nightingale, instead of returning directly to London, to face the splendid reception, went to England on a French ship, and was quietly in her home in Derbyshire before the public knew that she had returned. The English government voted her \$250,000, which money she used to found the Nightingale Home for Nurses.

Another great apostle of nursing was born in Oxford, Mass., in 1821, Clara Barton. She, too, was a pathfinder; she, too, like Florence Nightingale, received a baptism of fire on the battlefield. She, too, was recognized by the national legislative body of her country, receiving \$15,000, a petty sum when measured with the services rendered by her. Than hers, no name is more interwoven with works of relief and mercy on the battlefield and in times of great disaster from flood, famine, fire or earthquake, and in practically every country of the globe. She was especially identified with the Red Cross Society, of which organization she was the first president. Like Florence Nightingale, Clara Barton should serve to inspire and to stimulate, to remind you of what the members of your guild have accomplished for humanity. The last years of Miss Barton's life were full of bitterness and disappointment. Politics and strife within the

ranks of the Red Cross Society are said to have made her continuation as president of that organization impossible. She died but very recently, neither Congress nor the Red Cross Society taking any official notice of her death. But her position in the history of the great philanthropies of the world is secure.

Florence Nightingale and Clara Barton will live forever. They are heroic figures in the history of nursing, not only of the war period, but also in the subsequent or scientific period of nursing. The luster about their names will never tarnish, but will endure so long as men are sick and need care.

About the time that Florence Nightingale established the first schools of nursing in St. Thomas Hospital and Kings Hospital, London, the Grand Duchess Louise, in Baden, Queen Carola, in Saxony, the Grand Duchess Alice, of Hesse, encouraged nursing societies in their respective counties. The first schools for nurses in America were established in Boston, in New Haven, and in New York in 1877.

My experience with nurses began in September, 1884, when I entered on duty as one of the sixteen resident physicians and surgeons of the Philadelphia (Blockley) Hospital. I do not recall the exact number of nurses, but there must have been about one hundred, with not less than eight or nine hundred patients. The relative number of nurses and patients gives you some idea of the attention the patients must have received. Blockley was and is the great charity hospital of Philadelphia. We young resident physicians were well satisfied with ourselves, because we had from eighty to ninety patients under our care. I fancy the nurses were equally well satisfied, because they were able to care for an equally large number of patients. With us it was not "how well but how much." In the light of the knowledge we then possessed, we felt that our opportunities were unexcelled. But we did not know how to study and how

to observe, we had not been taught. The scientific side of medicine was in its infancy, gall stone, appendix, stomach, and goitre operations were unknown, even hernias gave a most frightful mortality and very indifferent results when successful. Laboratories were unknown, or about as complete and prominent as in practically all Iowa hospitals today. The nurses in Blockley at that time were such as the period demanded, they did the work required of them and usually did that work well. Most of them had entered the hospital as patients, and had remained as nurses, embracing the opportunity of earning a living. None of them were of patrician or noble birth, but few had any preliminary education whatsoever, but many of them became good nurses, and most of them were devoted to and loved their work. Many of them were unusually intelligent and observant. I remember one of my very first patients about whom I was much concerned. The nurse said, "Doctor, you are wasting your time, that patient will die." "And how do you know?" "I do not know how or why I know, but when they look like that, Doctor, they all die." This patient died of blood poisoning. I had several such experiences, and I often sought the advice of these practical nurses, and always received valuable assistance. They never refused a candid opinion when asked.

They had been in the hospital ten, twenty and thirty years, they had kept their eyes and their ears open, and had remembered many things that they had seen or heard. They had worked under such giants as Gross, Pancoast, Pepper, Agnew, and the other immortals, they had been observing and they had learned. Let me tell you that the practical nurse of whom I am speaking was as important and well-trained in her day as you are in yours. She had enjoyed the best available training of her time, just as you have had the best available training of your time, and she must not be confused with the practical nurse of today, that has

had very little or no training. This older nurse was not an occasional nurse, but a professional who continued at her work many weary years, always in the hospital. She had many admirable qualities, she was loyal to and devoted to her patients. She made such great hospitals as the Massachusetts General, Bellevue, Blockley and the Pennsylvania Hospital possible. The operative mortality of those times was frightful, septicemia and gangrene stalked about, but the nurses were not to blame; they had not been taught, they did not know. No one knew until Lister, under the inspiration of Pasteur's work, pointed out the reason. It is different today; we do know why, we do know how to annihilate these spectres; present-day doctors and the present-day nurses are not entitled to more credit; they have been taught more, they know more, and what is today common knowledge and common duty was the unattainable a quarter of a century ago.

I feel that too few words of praise have been spoken of those older professional untrained, but observing nurses; they did not revel in over-starched linen, at least not while on duty, they devoted but little thought to the selection of the particular shade of heliotrope best suited to their especial style of beauty, but they were splendid women and splendid nurses for their day. All honor to them.

But the great wave of progress and improvement came to Blockley Hospital on January 1, 1885, when the old order passed out forever and the new order of things was introduced. On that date Miss Alice May Fisher and Miss Edith Horner, both of Guys Hospital, London, were installed in Blockley Hospital for the purpose of founding the Philadelphia Hospital Training School for Nurses. They had come from England by the way of the American Line, and had been received with honor by the board of guardians, a special boat having gone to meet the incoming steamer some miles below

Philadelphia. Strange as it may seem, the new order of things was not unanimously welcomed by either the attending or the resident staff. Young and hot-headed, some members of the resident staff did not like to see faithful women pushed aside and strangers given their places. We had been giving orders directly to the nurses that executed them, but after January 1, 1885, we were compelled to give our orders to new head nurses, whose function we could not quite understand. We did not see the necessity for an intermediary between the doctor who gave the order and the nurse who executed it. We did not always receive these new head nurses as courteously as we might have done. But the new order was a great improvement over the old, and one of the best training schools in America was soon established in Blockley Hospital, Philadelphia. I feel that Miss Alice May Fisher and Miss Edith Horner, with their able assistant, Miss Marion E. Smith, are real pioneers in American Training School work, and as such are deserving of a nitch in the hall of fame. Miss Fisher has long since passed to her reward. Miss Edith Horner was a very much younger and a strikingly handsome woman, who soon became the bride of Senator Hawley, of Connecticut, thus passing from training school work. Miss Smith has attained great distinction as an educator, and is now head of the University Hospital, Philadelphia. With the establishment of the first training schools in the great hospitals in England and America, the third or scientific period of nursing was inaugurated.

The modern nurse has displaced the professional nurse in almost every phase of the work. I doubt if there is a single hospital in an English-speaking country in which the modern trained nurse is not supreme. In other countries she is rapidly attaining her justly merited position. Is the modern trained lay nurse the best possible nurse? I shall quote the answer given by Carney

Hospital, of Boston. Carney in an annual report stated that the "older Sister of Mercy was a very good nurse, that the modern trained nurse is better, but that the best nurse of all is the modern well-trained Sister of Mercy."

Just a few words to you young ladies about some of the qualities that every man, well or sick, expects to find in a nurse. I know perfectly well that you possess these qualities in the very highest degree, or you would not be in this hall this evening. First of all, I should place a big, warm heart, pulsating with love for all things human, pulsating still more strongly for the sick and the injured. Without this warmth of affection for her fellows I do not believe the highest type of nurse to be possible. Health and strength go without saying; youth, a fairly mature youth, and an attractive personality count for much, but a big heart and warm human blood count for more, and she must love her work and her fellows. She must have an inexhaustible fund of patience with still more patience in reserve that she may not become ruffled or irritated when her charge, racked by pain or fever, seems unreasonable in his complaints or in his demands. She must not be lazy, she must not consider her own comfort and convenience, when by so doing the risk to the patient is ever so slightly increased. Between her comfort and that of the patient she must not hesitate for a single moment. She must be honest, she must tell all the truth all the time in professional matters, when she is acting in her professional capacity; but, above all, she must not be a gossip, and she must preserve inviolate the secrets of the sick room. She must not exchange confidences with her patient, at the expense of previous patients.

Now, young ladies, you have reason to feel justly proud of your lineage, of the guild to which you belong. From the very be-

ginning to the present day yours has been a burden of mercy, of humanity, of loyalty and of devotion. You are going to contribute your quota to the sum total, a mite when compared with the sum total, but great and inestimable when considered from the stand point of the patient. Perhaps the patient himself is but an incident in your work; to him his illness is all-important, and you are the saving angel that will bring him back to health. He loves you, he reveres you, he believes in you, he knows that no other nurse is quite as competent, no other woman has a hand quite as gentle, no other woman has a voice quite as soft and low, no other woman has a disposition quite as sweet, a temper quite as even, and no one else contributes quite so much to his comfort and recovery as you, his nurse. Finally restored to health and his illusion still unshattered, if an unmarried man his future social state does not depend on his volition or his judgment, but on yours. Strive that his estimation of you may be based on real quality, that you may merit the position on the pedestal where your patient has placed you.

Yours is an enviable lot. No woman is quite as free and independent, you have had experience and have accumulated a fund of knowledge that will serve you whatever your future sphere. I believe that your training is more valuable to you than any college course could be, that it serves to bring out the very best that is in you, that it softens, strengthens and sanctifies, that it makes you better women. Mercy Hospital has given you its best, and merits well of you your loyal support, and you may be sure that the Sisters and physicians that work in Mercy Hospital will always do everything possible to make your future successful and happy. When all is over may it be said of you, as Longfellow said of Florence Nightingale, "Flit on, sweet angel."

Blindness and the Modern Education of the Blind*

MARY A. CLARKE

Bellevue

VISION is universally regarded as the most valuable of all the senses given to man, and its loss the greatest of all deprivations. Blindness due to accident we are all familiar with. In rare cases sight has been lost by exposure to a lightning flash, to the light of a powerful electric arc, to the glare of snow and of tropical seas. But in by far the majority of cases blindness is due to disease of the eyes, and this disease is often preventable. Light is necessary for the development of sight; we see an illustration of this in the blind fish of the Mammoth Cave and the blind mules in coal mines. The best preservative of sight is an outdoor life. Our savage North American Indians had keen vision; with advancing civilization comes near-sightedness.

Among the ancients blindness seemed to be considered "an act of God," and was always accepted as incurable. But modern surgery has done wonders in restoring sight to the blind, even in adults who had never been able to see, while blindness such as Milton's is now successfully treated.

One of the chief causes of blindness, and that with which nurses are most concerned, is *ophthalmia neonatorum*, or purulent inflammation of the eyes in the newborn. The destructiveness of this inflammation of the eye is shown by the fact that in the schools for the blind in London 36 per cent. of the children lost their sight from this disease; in Paris 46 per cent.; in Berlin 41 per cent., while the total for Germany, Aus-

tria, Denmark and Holland is 40 per cent.

Most of our nurses are taught while in training the dangerous nature of *purulent conjunctivitis*, and that careful washing of the baby's eyes with boiled water or boracic acid solution immediately after delivery is the best preventive. The nurse may irrigate a baby's eyes with a gentle stream of boric acid solution, a special douche bottle for this purpose being on the market; but in suspicious cases the doctor will order a more powerful germicide. If but one eye is affected, the greatest care must be taken to prevent the communication of the infection to the sound eye. The child should be kept in such a position that the drainage *must flow away* from the well eye. The duration of the inflammation is usually about ten weeks.

An interesting report on *ophthalmia neonatorum*, as observed in the wards of the Massachusetts Eye and Ear Infirmary, was issued in 1910 by the Massachusetts Commission for the Blind. The statistics here gathered show that it is still a matter of chance whether the eyesight of babies suffering from this disease shall be lost or saved. They also show the necessity for enlightenment of the lay public concerning the dangers of the affection?

The law in Massachusetts provides that all cases of inflammation of the eyes in babies shall be reported. But of 46 cases investigated the law had been complied with in only one. This carelessness and delay appear criminal when we consider not only the number of babies who become totally blind from the disease, but the high mortality among those affected, and the disfigured and disabled eyes of those whose sight is not wholly destroyed.

*Based on the following: L. Webster Fox, M.D., *Blindness and the Blind*, 1889; N. B. Harman, *Preventable Blindness*, 1907; A. M. Ramsay, M.D., *Study of Three Cases of Blindness*, 1903; *Ophthalmia Neonatorum*, Reprint No. 5, Report of the Social Service Work of the Massachusetts Charitable Eye and Ear Infirmary; 79th Annual Report of the Pennsylvania Institution for the Instruction of the Blind, Overbrook, Philadelphia; O. H. Burritt, *Recreation in a School for the Blind*, New Opportunities for Blind Children.

It is popularly supposed that the greatest danger of infection lies in hospitals. But a study of 116 cases in which the infection appeared soon after birth and which were treated at the Infirmary, showed that 106 of the babies were born at home, and 62 of these homes were graded as "good," 19 as "fair," and 35 as "poor" or "unknown." In 114 the birth was attended by a physician; in 2 only a midwife was called in because the physician engaged could not be gotten in time. The small number of cases sent to the infirmary from lying-in hospitals seems to prove the general use of preventive measures in these hospitals. Seventy-five of these babies were of English-speaking parentage, which disproves a popular fallacy that the disease occurs only among the poorest of non-English speaking people.

Of the 116 treated, 87 were discharged with eyes normal (clear eyes without scars), 6 became totally blind, 17 were blind in one eye, and 6 had eyes disfigured and sight impaired by scars. Eight of these 29 babies died not long after, which shows that the mortality among babies affected is abnormally high—about twice the percentage of infant mortality in the State.

The saddest part of the record was the statement of the mothers whose babies were sent too late to the hospital, and were returned to them blind, that "they did not know and were not told of the danger."

After the prevention of preventable blindness comes the question of so helping the blind in early childhood as to increase the chances of their earning a living. There are probably more than 100,000 blind persons in the United States today, and 13,000 under twenty years of age. The occupations open to the majority of the blind are few. Music probably furnishes the most lucrative. If we except those who have marked musical ability, and those of good intellectual power to whom any career is possible, it is evident that the blind can attain success in life only

against great odds. Piano tuning is more and more being given over to them, blind tuners being employed in many large piano factories. Other occupations are chair caning, the making of brooms, mattresses, carpets, rugs and hammocks, some forms of carpentry, stripping in tobacco factories, and selling newspapers. For girls and women there are hand and machine sewing, crocheting, knitting, raffia and reed work. To these must be added typewriting, which some of the blind do with wonderful accuracy. Osteopathy furnishes another pursuit. In Japan, for a long time past, the blind have been trained in massage. In Yokohama, out of 1,000 men and women engaged in massage 900 are blind.

It has been proven that blind children are about two years behind seeing children of identical age; not because they are distinctly backward children, but because they lack the incentive which seeing children have to imitate others, and are not encouraged to make the early efforts which seeing children are urged to make.

Many uneducated blind children have unpleasant habits, such as rocking themselves incessantly, either in a chair or without, putting the fingers in the eyes, biting the fingers, shaking the hands before the face, and rotating the head in a semi-circle. The habit of putting the fingers in the eyes is found in 50 per cent. of children blind from infancy, but is rare among those who have lost their sight after five or six years of age. These habits are spoken of as "blindisms." They are the expression of unexpended energy, which should be diverted into proper channels and find an outlet. This energy can be utilized by teaching the child both to play and to work. Where there is a family of several children, Nature's strongest instinct—the instinct to play—will draw the blind child out of himself, and be a powerful factor in his development. When a lone child, he must be encouraged to play. Tell him there are playthings on

the floor, and coax him to creep toward them. Let him play with other children, with pets, or with dolls. If possible, give the blind child a rubber ball, a set of blocks, a sandpile, a see-saw, a swing, a set of dominoes with sunken dots; with the latter he will learn to count, and to play as good a game of dominoes as a child with two good eyes.

The most important lessons for them to learn are independence and self-reliance. The general efficiency in life of many of the blind and their ability to support themselves depend largely upon their *manual dexterity*, and this can only be acquired by training in childhood. The child who, after coming under instruction, fails to develop a fair use of the hands, will almost surely be found to have less than average intelligence. So un-failing is this rule that it may be safely concluded that only those who use their hands well, give promise of being self-supporting after leaving school.

Hearing and touch must be highly cultivated to counterbalance the loss of sight, and this training should be begun early, five or six years being the best age at which to send the child to school, unless it has exceptional advantages at home. At this age the child can best learn to be orderly, tidy, punctual and obedient, how to eat, to stand, and to walk well.

Many parents of blind children are perfectly ignorant of the educational possibilities for these children, and do not know that we have in the United States forty-six schools for the training of the blind, where every possible effort is made to cultivate the child's faculties and fit it for self support; or, if this is unnecessary, *to live among the seeing without embarrassment*. One of the oldest and best of these schools is the Pennsylvania Institution for the Instruction of the Blind, at Philadelphia, Pa. This was established in 1832, about the same time that saw the founding of the Perkins Institution for the Blind in Boston, and the New York City In-

stitute for the Blind. Originally in the heart of Philadelphia, and popularly but erroneously called "The Blind Asylum," the Pennsylvania Institution was several years since removed to the charming suburb of Overbrook, where it has beautiful buildings planned especially for their purposes, and surrounded by seven large playgrounds, in all covering twenty-six acres. Here a most beneficent work is carried on.

Of 43 new pupils received at Overbrook, two-thirds of whom were at least eight years old, not one could wash himself unaided. Now a blind child can learn to wash his face and hands, and later to take his bath and dress himself, at just as early an age as the child with sight, and it is very much more important that he should do it. Of course, it is much easier for a mother to wash her blind child than to teach him how to do it for himself, but this is the first great lesson that the blind boy and girl should learn. The "field officer" of the school, who is not only blind but has lost an arm, can tie his shoe-strings in a double bow-knot, and also his necktie, whether a bow or four-in-hand.

Next, the sightless child must learn to feed himself properly. A large proportion of blind people never learn to feed themselves, even with a spoon, but at Overbrook instruction in the art of eating is considered of primary importance, because without this the blind would never be welcome in the homes of seeing friends. So the children are taught to cut their meat, prepare potato, spread bread, etc. They are also taught to perform all simple household duties, such as to make beds, which the majority learn to do well unassisted before leaving, to remove soiled linens and replace them with clean ones, to empty waste paper baskets, to shake and sweep small rugs, to take care of plants in the cottages.

There are several attached cottages, which divide the school into separate households, and above the kindergarten there are really two distinct schools, with a separate corps



THE ROCKING BOAT

of teachers for boys and girls respectively. The girls are taught to make up the household linens—sheets, pillow cases, curtains, bibs, aprons and towels. They sew on regular sewing machines, even making garments for themselves, and many of them acquire considerable dexterity in threading the needle, sometimes by using a horsehair as a guide. They are also instructed in domestic science and the art of home making. Prizes are given for the best sponge cake. The boys shovel snow from the walks, and take care of the sloyd and cane shops, sweeping, dusting and mopping, with probably no more supervision than would be necessary for seeing boys of the same age. All but the senior pupils have an individual garden in which to cultivate plants that will mature before the school closes in June—such as onions, lettuce, radishes and tomatoes.

Among the seniors it is the custom to seat five pupils, one of whom can see a little, at small tables, and the seeing one serves the others from the platters, just as if at home; but each cuts and prepares the food on his own plate. A sixth place is reserved for the house-mother or a teacher who, by invitation of a group of pupils, eats with them and converses, thus training them in the art of dispensing hospitality.

One of the great problems at Overbrook is the improvement of the physical condition, and every encouragement is given the children to play out of doors; on four days of the week this play is under supervision, the teachers instructing them, and taking part in the games. Here the children who have learned to play abandon themselves to it just as freely as the child with sight. The playgrounds are grassy lawns bounded with brick walks, which, the moment the child sets foot on them, are a warning that danger may be present. Aside from these walks there is little in the playgrounds or gymnasium to remind one that the children are blind, for we find all the apparatus used by

seeing children, with the addition of the "trolley" and the "rocking boat."

Children who have only 2-100 of normal vision can see how children with normal vision play games, and these *nearly* blind children become good teachers of games to those who cannot see, and who need sympathetic encouragement before they learn to play at all. At Overbrook they have a sand pile, a slide, a merry-go-round, football, bowling, doll games, ring games, leap frog, dancing, swimming, chasing and even racing in 100-yard dashes by means of a special device for the blind. The blind boys excel in bowling and thoroughly enjoy it. All of the boys, and many of the girls, use the swimming pool throughout the year, and learn to dive, to paddle and to tread water. In the football games one boy who has a little sight is usually placed on the team; the others may all be totally blind, yet the partisans of the respective teams line the walks and cheer their favorites on to victory.

Occasionally parties are given, such as a masquerade on Hallowe'en, a progressive euchre on St. Valentine's Day, a Maypole dance on May Day, or folk dances. At the gymnasium parties they use programmes in the Braille type, and as many as sixty dancers (either all boys or all girls), the majority totally blind, circle around in mazy figures, with no more collisions than would occur among young folks who can see.

In the school or literary department they receive about the same education as that given in the public schools. The visitor is amazed to see their proficiency in mathematics, in handling geographical maps and in taking dictation on the typewriter. In the latter work the teacher repeats a long sentence, perhaps from Macaulay, and waits until the slowest has written it. The work shown appears faultless. There is an annual contest in typewriting for the J. B. Hammond prize of a typewriter.

Pupils of good mental ability are some-



THE FLOWER DANCE

times here prepared to enter the University. In a few instances those who finish the course at the school are permitted to live in the Institution and pursue their studies in the city—at the Central High School, the Neff College of Oratory, or at the University of Pennsylvania. This gives them some experience in battling with life before leaving the protecting care of the school. Others enter various State Normal Schools or Colleges. If it is possible, the parents meet the expense involved; if not, Overbrook pays or shares the cost of this higher education.

There is a splendid musical department, where instruction is given on the piano, organ and violin, and for the voice, by some of the best teachers in the city. For many years the pupils of the school have given annually in one of the large concert halls of Philadelphia an oratorio, rendering such masterpieces as "Samson," "Judas Macabeus," Mendelssohn's "Hymn of Praise" and the 95th Psalm, and the cantatas of Bach.

In 1911 some of the boys and girls par-

ticipated in the Exhibition given at the Metropolitan Opera House in New York. The boys showed their skill on the horse and parallel bars, also in tumbling, pyramid building, swimming and bowling. The girls took part in a Greek dance, the Maypole, the Swedish Clap Dance, the Highland Fling and the Flower Dance.

These efforts to cultivate their self-confidence, and to accustom them to the habits and manners of seeing persons are a great advance in the education of the blind. But more must be done. Stringent laws must be made for the *prevention of unnecessary blindness*; there must be greater opportunities for training the blind for self-support; a better market must be found for their services and products, and greater effort made to provide entertainment and intellectual interests for the aged blind, to save them from the monotonous idleness which leads to despondency, and sometimes to insanity. It has been proven that difficulty in educating the sightless does not lie altogether with the blind themselves, but in

part with the seeing, who have not provided them with the opportunities they should have.

Some of the public libraries are now doing splendid work for the blind, especially for those who have not had the advantages of special institutional education in childhood. The Free Library of Philadelphia, in co-operation with the Pennsylvania Home Teaching Society and the Pennsylvania Institution at Overbrook, maintains a reading room and circulating library for the blind in the heart of the city. In 1911 there were 521 borrowers, and 15,185 embossed volumes were loaned—6,742 of these in the city, 3,405 in the State, and 5,038 to persons in other States. The expense of sending books anywhere outside the city is borne by the Pennsylvania Home Teaching Society.

The New York Public Library has 5,300 books for the use of the blind, and 3,800 music scores. Few of the blind visit the library, on account of the dangers of the streets, but the library loans six hundred "traveling libraries," which are sent to the sightless in little towns in the States of New York, New Jersey and Connecticut. It also circulates games made especially for the blind, such as parchesi boards, checkers, chess and dominoes, made with square holes for the dice or men. The library also employs a teacher to instruct blind adults who live in Greater New York, either at the library or at their homes.

The difficulty in forming a private library for a blind person can be appreciated by examining a copy of "David Copperfield" in this library; it comprises six folio volumes, $4\frac{1}{2}$ inches thick, 14 inches high and 12 inches deep. In the Department for the Blind of the Library of Congress, the Bible makes so many volumes that it completely fills an alcove shelf.

More books for the blind have been

printed in the last twenty years than in all previous time. Even the International Sunday School Lessons go out weekly. The first general dictionary for the blind ever issued in any language was published in Maryland in 1903.

The establishment in this country of a special college for the blind who have mastered all the mechanical devices for their education has sometimes been advocated. But the leading educators of the sightless do not favor the movement. If the blind are to succeed in the world, it must be in association with, and by learning the ways of the seeing world. And co-education of the blind and the seeing can no longer be regarded as an experiment. It is being successfully carried on in public schools in Illinois, New Jersey, New York, Ohio and Wisconsin, and promises aid in the solution of the difficult problem—how to fit the blind to overcome the handicap entailed by loss of vision.

History teems with examples of the blind who have become distinguished in various departments of knowledge. Milton and Galileo lost their sight late in life, and Prescott, our historian, was almost blind from the age of twenty. But among the "born blind" and those who became destitute of sight in their early years, we may mention Huber, the Swiss naturalist; Holman, who visited all parts of the earth and published his travels; Fielding, the Justice of Westminster, who as "blind Fielding" was a terror to all evil-doers; Fawcett, the British postmaster-general; Campbell, who ascended Mont Blanc; Laura Bridgman, both blind and dumb; Braille and Moon, who invented types for the blind; Milburn, chaplain of the United States Senate; and Babcock, the distinguished Chicago physician. But no story of intellectual achievement can be more remarkable than that of Helen Keller, in this our own day.



FREE PLAY—THE SLIDE



100 YARD DASH (THE START)

The racers are able to give unhampered attention to speed by means of the device shown above. Upon the wire cables, stretched the full length of the track, are rings to which are attached short chains and handles. The racers hold these handles and run the course with perfect freedom. They are warned of the end of the track by the fringe of cords similar to that which is used on railroads to notify the brakemen on top of freight cars of "low bridges."

School Hygiene

KATHARINE COOKE, R.N.

IT HAS been found to be an important fact that a large proportion of the ill health of any community originates in the children of its public schools, and in order that a large percentage of this ill health can and must be prevented, we must understand the subject of hygiene in connection with our work among school children.

We could hardly think of building a school without proper sanitary arrangements, and this cannot be done without considering the structure of the soil with regard to its drainage capacity. Therefore the site chosen should be dry, not malarious, and if at all inclined to be damp it should be under-drained first. There must be a pure supply of water and its proper removal, by means of which perfect cleanliness of all parts of the house may be secured; also a perfect sewage system, which makes it impossible for the air or water to be in any way contaminated.

Having selected our proper site, the building itself and its nature must be considered. It should be separate from others, so as to obtain a good supply of fresh air with plenty of light and sunshine. The material of which the walls are composed should be made impervious to moisture, and double walls with an air space between the inner and outer surface are best. Even a stone wall which is apt to be damp can be made dry in this way.

With regard to cubic space, the amount of air required for each adult an hour, in order to keep the atmosphere pure, is 85 cubic meters. The respiratory impurity added to the air will be less with children than with adults. Thus the amount of air required to keep the standard of purity will be less, consequently the age of the children should be considered. The law of Massachusetts re-

quires that each occupant of a schoolroom have 850 liters. With this quantity is the necessity of changing the air three times an hour, which makes the minimum amount of cubic space for each child 17 cubic meters. Allowing for draughts, more or less, in certain parts of the room, even with this amount of cubic space, it is impossible to keep the inside air as pure as that outside, due to impurities given off during respiration.

Closely allied with this comes the subject of ventilation. There must be direct connection with the outside air, and the higher the points of admission the purer the air. Two constant currents are necessary, one outward, removing the impure air, and one inward, supplying the pure. Inlets and outlets should be of equal capacity, on opposite sides of the room, at different heights, in order to secure a thorough distribution. The most satisfactory arrangement is by means of indirect heating, where the fresh air is heated by passing over steam coils, and brought in at the desired temperature, thus keeping the proper temperature of the room and the purity of the atmosphere at the same time.

The lighting of the schoolroom is an important point. The windows should never be at the front of the room, only at the sides and rear, the left side being preferable, so that the light will fall over the left shoulders of the pupils, and this applies to artificial lights as well. Direct sunlight should be excluded from the pupils' eyes as required, by the use of shades or blinds. Myopia, or nearsightedness, is most frequently developed during school life, due partly to the fact that the eye during growth is more liable to change in form, and also that children hold things too closely to the eyes. The blackboards should be on the inner wall

of the room, so that the greatest amount of light will fall upon them. Defective eyesight among children is largely due to excessive or deficient light from the wrong direction, as well as from books printed with defective or too small a type.

The heating of the schoolroom may be by direct radiation, stoves, open fireplaces, and steam, or hot water radiation. Also by indirect radiation, where the radiating surface is in some other part of the building, and the rooms are heated by bringing in air that is warmed by passing over steam or hot water coils.

The building should have an abundant supply of pure water, a perfect sewage system, and the plumbing the very best obtainable, with tight joints, and as few bends in the pipes as possible. These pipes should be properly ventilated by means of an open trap outside the building, between it and the sewer, and by carrying the other end of the pipe up over the roof; this pipe being the same diameter throughout.

The desks should be fitted to the size of each pupil. Many a case of curvature of the spine has resulted from the use of desks either too high or too low.

But, we ask, what about the little district school far out into the country, or in small country towns which cannot afford the more modern arrangements for such things? Here our own common sense must guide us, for there will be many inconveniences to contend with. Aside from these, our personal attention to the children means a great deal. Win a child's affection and he will take many a suggestion otherwise rejected.

Regular recess hours must be enforced, because without fresh air and exercise the children cannot work well. Ten or fifteen minutes' play in the open air will do more than we realize toward keeping them healthy, and the longer the better. They must be taught to stand straight and to walk straight. Round, stooped, or uneven shoulders, flat

or hollow chests, all interfere with the breathing facilities by cramping the chest, thus preventing free circulation and hindering the digestion. They should sit straight at their desks, because bad postures too long persisted in stretch the ligaments so that they never return to their natural length. All these form lifelong habits if allowed to grow. On stormy days simple indoor gymnastics should be resorted to for their daily exercise. Children who are deficient mentally should be sent to some institution for special care, as healthy minds should not mingle with diseased ones, either at work or at play.

Several years ago a committee of the Woman's Health Protective Association of Philadelphia made a thorough examination into the hygienic conditions of 160 public school buildings in Philadelphia. The result was that next to uncleanness the greatest evils were: Improper ventilation, small yards next to very high buildings, coal gas, lack of sunshine, the keeping of wraps in either the schoolroom itself or in unventilated cloak rooms or closets, and the absence of transoms.

Also, in many instances, there were storm doors, making ventilation impossible, except at the risk of the children's health. In one building accommodating over two hundred children, the sun never entered except in one room at noon. In some buildings there were as many as nine rooms never cheered by the sunlight.

More than 90 per cent. of our investigators throughout the country report the common drinking cup in daily use. There is no means by which diseases such as scarlet fever, measles, diphtheria and tuberculosis can be spread more rapidly. The human mouth is a lurking place for bacteria, both harmless and dangerous. Individual cups or hygienic drinking fountains must be used. The paper cups are best, because they can be thrown away at once, and they are inexpensive. Pupils in the smaller and district

schools should each bring his own, and if this is not done, at least those which are in use can be scalded every night.

Dr. Alvin Davidson, professor of biology in Lafayette College, once requested ten boys to apply their upper lips to pieces of flat, clean glass, as if drinking. These slides were then examined under a microscope, and showed an average of 75,000 bacteria to each slide. This from one application of the lip!

A cup which had been used in a high school for several months without being washed, was found to be lined with a brownish substance. Some of this sediment was injected under the skin of a healthy guinea-pig, and in forty hours the animal died, death due to the presence of enough pneumonia germs to cause blood poisoning. A second guinea-pig injected with the same sediment developed tuberculosis.

Another great menace to the health of our children is the common towel. Also the common soap, dirty books and germ-laden dust. When one thinks of the ease with which skin diseases are transferred, who would wish to use a towel which had been used by seventy-five children, at least. Books should be recovered frequently, and the rooms carefully swept and cleaned often. Children should not be allowed to put rulers, pencils or penholders in their mouths, and they should be taught to drink, not from the edge of the cup, but from the surface of the water within. School rooms should be disinfected once or twice a year as a precaution.

"Sanitary conditions depend almost entirely on the teacher," says a report from La Fargeville, N. Y. "The drinking cup is used in common, water being carried from a neighboring well. A towel and wash basin were used in common. Under last year's teacher the towel was not washed at all, the wash basin was used to take up ashes from the stove, while the drinking water stood in the pail from Thursday until Monday."

Last, but by no means least, comes the subject of the medical inspection of schools. This has rapidly become prominent in the last few years, both in our own United States and abroad. In Europe it has developed to a far higher plane than in America. In Hungary the position of the school physician is an established one, and his duties are well defined. It is his place to examine and study the school buildings from a sanitary standpoint, as well as their contents and surroundings. He must investigate the purity of the air in each classroom, and analyze it from time to time, as well as the drinking water. The lighting, heating and ventilation all must pass under his inspection, and the number of children in each room is regulated. All hygienic defects are reported and the laws of the public health carefully carried out. All new pupils are given a thorough physical examination upon entrance to the school, in such points as: Their fitness for gymnastic exercises, for presence of tuberculosis, for curvature of the spine and for defects in both sight and hearing. A record of each pupil's progress as to the uniform and healthful development of his body is kept annually.

In our own United States I think that the Philadelphia High School for girls is one of the best examples of this system. The medical department was established in 1893, with a graduate of the Woman's Medical College in charge. At the beginning of each morning session all pupils with headaches, colds, sore throats, etc., are sent to the medical room, and if any have an abnormal temperature they are kept there. If they grow worse they are sent home in a carriage. On stormy days dry garments are provided, and all wet clothing is dried in a room kept for that purpose. Each part of the building is cleansed thoroughly every day; the balustrades and desks are wiped with antiseptic solution, the drinking water filtered and sterilized and the ice made from sterile water.

By all this there are three objects to be maintained: 1. The early detection of any contagious disease and its prompt exclusion from the school; 2. The discovery of children suffering from non-contagious diseases, yet with physical defects which hinder their proper advancement in their studies, and, 3. To notice the growth and development of the children, both physically and mentally.

Most of the schools in New York City have their visiting nurses, who examine the children every morning and, if necessary, send them to physicians for treatment. In some of the schools and mission houses, or in the settlement work in connection with dispensaries from hospitals, afternoon talks are given to the children upon hygiene, with stereopticon views. Here the poorest child from the East Side learns ideas which he cannot help but take into his home, "poorest of the poor," though it may be.

I once read a story, which, though I cannot quote the exact words, will give you a good idea of children's thoughts upon this system. A little ragged urchin from the New York slums had a sister who was very ill with typhoid fever. He came home from one of these after-school lectures just in time to see his mother about to give his sister a drink of water from a near-by faucet. "Say, Ma, you don't want to give her that." "Why not, Johnny?" said the mother, stopping on the way. "Cause it's full of bugs." "Naw, it ain't," said she, giving the girl the drink. "It is, Ma, it's full of 'em, I seed 'em in the picture, an' they make you sick, and that's why sister's sick. Teacher says you put it on the stove and boil it. Sister'll die if you give her that. They're real, Ma, I seed 'em in the picture. Don't give it to her." And the little fellow burst out crying and rushed from the room. The mother was later heard talking to a neighbor. "Great things

Johnny learns in them schools, ain't they?"

This work has also been taken up throughout New York State. "Through the co-operation of the State departments of health and education, every public school scholar in the State is to be subjected to an examination of the eyes, ears, throat, teeth and nose. The energies of the departments in this work will be directed not only to ascertain the defects prevalent in so many school children, but to encourage parents to have these defects remedied."

Thus we see how important a part we, as teachers must take in regard to the health of our little ones. We do not need to think what we have seen in books, or what some one has told us. It is our own good common sense which is to guide us. Do we realize that we see more of a child during the day than its parents do? Or how fully they are under our care while with us? And by our close association with them, may we not detect an illness quicker than any one else? Though this may seem but a little thing to us, it is not the great things which we do in our lives that make the more lasting impressions, and many a little child may be guided to better ideas in his home life by some suggestion from "teacher." I think what Phillips Brooks once said fits admirably here: "Never fear to bring the sublimest motive to the smallest duty, and the most infinite comfort to the smallest trouble."

The health of our little ones is the foundation of their happiness, and that by which they are able to gain a good education to fit them for life in later years. Without health no one can do what he wishes successfully, and if the children are taught by us, how much better the foundation for the coming generations.

Sow the little seed and sow it well,
Sow it in the children's minds,
And time alone will tell
The good that we have done.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

II. SYMPTOMATOLOGY

DISEASE of the heart appears in such numerous and varied forms, and may produce complications involving so many different organs, that the symptoms seen in connection with it cover a very wide field. On the other hand, certain serious cardiac affections may exist in the absence of any symptoms whatever. There are, however, few forms of disease in which the conditions may change so rapidly; in some of the graver heart disorders alarming symptoms may appear with little or no warning. Signs of insufficiency of the heart menace life more directly than the disordered functioning of any other organ, and a patient suffering from a serious cardiac malady must be watched with the greatest care. The importance of symptoms as a rule depends less on their intensity and the extent to which they force themselves on the patient's attention than on the degree in which they are signs of exhaustion of the heart's force.

The essential factor in maintaining the circulation of the blood throughout the body is the heart muscle. Leading authorities of the present day divide the force inherent in the heart muscle into (1) the "rest force," which will maintain an efficient circulation when the body is at rest, and without which life could not be continued, and (2) the "work force," which is called upon when any exertion is made. "Heart failure," says Dr. James Mackenzie, "means an inability of the heart muscle to overcome successfully the obstacles opposing its work. . . . It invariably starts in the first instance by an exhaustion of the work force. The exhaustion is slight at first, and, by the persistence of the factors inducing it, and its indications being ignored, it proceeds apace, until after a period, long or short, the rest

force is encroached upon, and with the exhaustion of the rest force a point of danger to the life of the individual is reached." Whatever form of heart affection may be present, its gravity may be measured by the degree to which it limits the field of cardiac response, and it is only by the careful observation and appreciation of symptoms, both objective and subjective, that the extent to which impairment of the heart's force has progressed can be estimated.

I. GENERAL SYMPTOMATOLOGY

Subjective symptoms are those of which the patient himself is conscious—*objective* symptoms are those which may be noted by an observer. Either or both may be present in a case of heart disease.

In taking charge of a case of heart disease, as much as possible should be learned about the history of the illness; the nurse may often gain important details that have not been given to the physician. She will also have better opportunity to gauge the actual condition of the patient, as many invalids in the presence of the doctor appear either better or worse than they really are, show a changed pulse rate as a result of nervous excitement, and unconsciously alter the character of their respiration when under observation. The position naturally assumed by the patient should be noted; changes in his color or breathing following such exertion as talking or moving; his apparent bodily strength, as shown by the effects of sitting up, standing, or walking about; whether his body is emaciated or shows signs of a dropsical condition; the warmth or chilliness of the body, especially of the hands and feet; the expression of the face, whether indicative of pain, anxiety,

calmness, or apathy; the mental state, whether peaceful or anxious, depressed or excited, irrational or somnolent.

Pain may be present in cardiac disease in any degree of intensity, though in many serious heart affections there may be little or no complaint of it. It should be reported to the physician as nearly as possible in the words of the patient. Its location should be carefully noted; it may occur in various regions of the chest, and may radiate into the neck and arms. It may be brought on by exertion, or occur some hours after the effort which induced it. It may be present in myocardial affections, and is sometimes very severe in acute pericarditis, but is seen in its worst form in angina pectoris. It may also be due to pressure on the heart from distention of the stomach, or to reflex disturbance of the heart, and is frequently found in conditions of nervous strain and exhaustion, where there is no heart lesion.

A *sense of constriction*, or oppression of the chest, often occurs in connection with severe pain, but may present itself independently of it. It is the characteristic symptom of the seizures known as "*angina sine dolore*," and may be accompanied by the sensation of impending death usually present in true angina. In a less severe form it is a frequent result of physical exertion on the part of heart patients.

A *sense of exhaustion* is a common accompaniment of both serious conditions of heart exhaustion and trivial and temporary affections. It is apt to appear as a result of physical effort, mental fatigue, or emotional excitement.

Either *sleeplessness* or *drowsiness* may occur, insomnia being sometimes a distressing symptom. Unpleasant dreams are sometimes complained of, such dreams occasionally reflecting in a curious and interesting manner the physical condition of the patient.

Fever is present in acute inflammatory diseases of the heart, as in similar conditions of

other organs, and an irregular septic temperature is characteristic of malignant endocarditis.

Disordered digestion is not uncommon; there may be nausea, flatulence, a sensation of weight after taking food, pain, constipation or irregularity of the bowels.

Cough is a not infrequent symptom, and in some cases may be persistent and troublesome.

Dyspnea, or breathlessness, of all degrees of severity, is one of the most common symptoms of heart disease, and one of the earliest indications that the muscular power of the heart is beginning to fail. It may assume the form known as "*air hunger*," where the blood supply to the respiratory center in the medulla is insufficient, and the efficient interchange of oxygen and carbon dioxide in the lungs is interfered with by defective circulation. *Labored breathing brought on by exertion* is present in every condition characterized by weak heart action, and the degree of exertion which is sufficient to bring it on is a fair measure of the reserve power of the heart. *Continuous labored breathing*, where the patient not only cannot make the slightest effort without great distress, but cannot lie down, being obliged to sit up breathing in quick, short gasps, is a sign of a very grave condition. It is present in acute dilatation of the heart, as in a sudden failure of compensation where valvular lesions are present.

Cardiac asthma is the name given to paroxysmal attacks of difficult breathing, which are common in elderly patients with cardio-sclerosis or disease of the right ventricle. They usually occur in the night, waking the patient from sleep with a sense of suffocation, a feeling of great prostration, labored breathing and wheezing sounds in the chest. The attacks last from a few minutes to an hour, and are apt to recur from time to time.

Cheyne-Stokes respiration is a peculiar wavelike form of breathing which is seen in cases of cardio-sclerosis and arterial disease.

It is characterized by a rhythmical variation in the length and depth of the respiratory movements, which begin gently and grow deeper and more labored until a climax is reached, when they as gradually subside, ending in a period of almost or entirely complete cessation of breathing. After a short pause the respirations begin again, repeating the same cycle. The patient may be quite unconscious of this rhythmical breathing, which does not necessarily cause him any distress; but, on the other hand, the cessation of breathing may produce an acute sense of suffocation, waking the patient from sleep in extreme discomfort and terror of mind. This symptom is a grave one, and is almost always a sign of the beginning of the end. It indicates failure of the respiratory nerve centers, but exactly how it is produced is not known.

Faintness and syncope are of not infrequent occurrence in cardiac disease, being produced by the insufficient supply of blood to the brain, resulting from weak heart action.

Dizziness or vertigo is another symptom occurring as a result of impaired cerebral circulation.

Pulmonary hemorrhage is not uncommon in cases characterized by dilatation of the heart and stasis of blood in the lungs. Except in young patients with mitral stenosis, it is seldom a symptom of gravity, and often gives the patient considerable relief. It is an attempt on the part of the blood vessels to relieve themselves of the strain which the disturbance of circulation has put upon them. The capillaries and small blood vessels are the first to give way. The altered condition of the blood vessels in arterio-sclerosis is a common predisposing cause.

Palpitation, or subjective consciousness of the heart's action, is a symptom frequently seen, but one which is more likely to arise in nervous disturbances of the heart than in organic cardiac disease.

Among the most important indications in heart disease are those which may be observed through the variations of the *pulse*. What we understand by the pulse beat is the expansion of an artery produced by the systole or contraction of the left ventricle; it may be felt in many parts of the body besides the wrist, and in cases where the beat of the radial artery cannot be felt, that of the carotid, at the side of the throat, a much larger vessel, may often be distinguished without difficulty. Through the pulse there may be ascertained not only the number of heart beats to the minute, but their strength or weakness, their regularity or irregularity, and the condition of the artery. In arterio-sclerosis the vessel, instead of feeling elastic to the touch, feels hard, unyielding, and, perhaps, twisted or beady. This condition produces what is known as a *high-tension* pulse, characterized by increased resistance of the arterial walls to the blood pressure. A *low-tension* pulse is present in conditions of weakness, prostration and collapse. The tension of the pulse can be estimated by the degree of pressure required to obliterate the beat in the wrist. An instrument designed for measuring the force of the blood pressure is known as the sphygmomanometer, which has a wide rubber cuff making pressure on the arteries of the arm, and measures the force required to cause disappearance of the radial pulse, by means of a column of mercury, in millimeters.

A pulse that is *full*, or of considerable volume, is usually present with a rise of temperature; a *small* pulse, or one of small volume, in conditions of exhaustion and lowered vitality. *Increased frequency* of the pulse is seen in fever, nervous conditions, loss of vagus control or irritation of the accelerator nerves of the heart, and in most cardiac affections. Increased frequency is nearly always associated with lessened force, and when present in organic heart disease it indicates that the heart muscle is becoming enfeebled. *Diminished frequency* is found in

kidney disease, in epilepsy and other brain diseases, in connection with increased blood pressure, sometimes as a result of pain, occasionally during pregnancy or convalescence from acute diseases, and in certain cardiac disorders.

The pulse may also be depended upon to point out the condition of the heart as regards the integrity of its various fundamental and more or less interdependent functions. These are usually held to be (1) *excitability*, or susceptibility to a stimulus; (2) *conductivity*, or the power of passing on a contractile stimulus from one cell to another; (3) *contractility*, "the co-ordinated contraction of the fibers of the different portions of the heart" (Mackenzie); (4) *rhythmicity*, or the maintenance of contractile rhythm, and (5) *tonicity*, the maintenance of muscular tone. Exhaustion of the heart's force may not affect all of these functions equally, and at times certain characteristics of the pulse give important information as to which function is most seriously interfered with. Similar effects may, however, be produced by widely differing conditions.

A form of disturbance of *excitability* is known as *extra-systole*; here the regular beat of the pulse is preceded by a premature one, and followed by an abnormally long pause. In most cases the patient is unconscious of the unusual behavior on the part of his heart, but he may be aware of a sense of fluttering in the chest, or of the pause, or of the strong beat which sometimes follows the latter. The condition is often seen in elderly patients with degenerative changes in the heart, but it is also common in dyspeptics and nervous patients.

The typical disorder of *conductivity* is *heart-block*, where the impulse is not transmitted from auricle to ventricle in the normal manner, so that the latter may beat less frequently than the former, or even, where the condition is present in an extreme

form, with an entirely different rhythm. While this symptom usually occurs in serious organic affections, it has been known to result from the use of digitalis, disappearing entirely with the withdrawal of the drug.

Failure of the *contractile* force of the heart, which results when a weakened heart muscle is called upon to overcome too great resistance, shows itself in irregularity in the strength of the heart beat, the rhythm usually remaining normal. It is principally seen in the form of the *alternating pulse*, where a strong beat is followed by a weak one. This is a rather rare condition. It may also be a temporary affair.

Cardiac *arrhythmia*, or *irregularity*, a disturbance of the function of *rhythmicity*, is a subject which is much discussed by physiologists at the present day. In one form or another it is present in a great variety of conditions. Both extra-systole and heart-block may also be said to be disturbances of rhythmicity, and physicians discriminate between numerous other varieties. The most pronounced type of arrhythmia, however, is that continuous and disorderly form now known to be the result of what is called *auricular fibrillation*, in which, instead of there being a normal contraction of the auricles as a whole, the individual muscle fibers of the auricular wall contract and relax independently of one another, sending a continuous shower of stimuli to the ventricle, which responds to as many of them as it has power to, the result being an absolute loss of rhythm. The pulse rate is usually very rapid, and, unless the condition can be controlled, exhaustion may very quickly lead to a fatal issue. Auricular fibrillation is now known to exist in a large proportion of cases of serious heart failure. It is most often found in hearts affected by disorders resulting from rheumatic attacks, and in elderly patients showing fibroid degeneration.

(To be continued)

What a Trained Nurse Should Know Concerning Cancer

DR. KATE LINDSAY

THE trained nurse is coming more and more to be a useful agent in teaching the people that very important branch of medicine known as prophylaxis or disease prevention.

As a visiting nurse she is making her calls at the home, the school, the shop, the factory and everywhere else, for the purpose of instructing mothers and fathers and other inmates of the home how to economize in the very important matter of human life and human health.

The babies are better fed, better clothed and cared for because the nurse has instructed their mother how to care for them so that they may have a chance to grow up into normal man and womanhood and become worthy citizens of the nation.

The school boy and girl are looked after and the disability due to impaired eyesight, defective hearing and adenoids removed by the skilled surgeon, because the case was reported by the intelligent nurse to the proper authorities and the little students given a chance to pursue their studies unhampered by these often distressing disorders.

In the prevention and care of tuberculosis and other acute and chronic communicable disorders the trained nurse has done a worthy work. Her influence in the line of disease prevention and health conservation is constantly reaching out into new fields and is being felt by all classes of society more and more as the science of preventive medicine advances.

The rapid increase of cancer during the past twenty years has arrested the attention of the medical profession and led to careful scientific study of the disease, both clinically and in the laboratory, without finding

the true exciting cause of the disease or discovering any remedy for this very grave disorder. At present all the best medical science can do for the cancer patient is to operate as soon as the disease is discovered. The hope of the victim of a malignant tumor hangs on the early application of the surgeon's knife.

The trained nurse may be of much assistance to both physician and patient, by calling the latter's attention to the fact that the small tumor of the breast should be examined by a skilled surgeon. The small crack in the lip which has hardened edges and failed to heal after the last outbreak of cold sores or the wart or mole which has given no trouble until within the last few months, when it began to be painful and to enlarge and harden at the base. The return of the menses after normal menopause in a woman of even the best of health is always a very grave symptom, and should lead to an investigation of the case. In fact, excessive flow at any time in a woman's life, especially after thirty-five, should not be neglected, as the chances are that the wasting hemorrhages are due to some morbid growth which can only be reached by the surgeon's knife. A discharge with an offensive odor from the vagina is one very important symptom, also. A large per cent. of such cases are malignant.

The most frequent location of cancers differ in the sexes. The lips, throat and stomach are the parts most frequently involved in the male, and the breast and uterus in the female, although all the organs and structures may be either the primary or secondary seat of this disorder. If the disease center is not removed at once the disorder speedily invades adjacent structures, especially communicating lymphatic glands.

An example of this glandular invasion is often found in patients with mammary cancer, where the axillary glands are so frequently infected. The trained nurse should be such a close observer of symptoms and signs of disease as to be a useful lieutenant to the physician and also help her patients; she should know how to use her knowledge tactfully. It will not do for her to diagnose a small, hard lump in the breast as malignant. She must wisely suggest that it is not her province to decide what the enlargement may be, but she should advise consulting a skilled physician at an early date, as the tendency of all morbid growths is to increase in size. If possible, it is best not to use the term "cancer" or "malignant," nor to even suggest a surgical operation, which frightens so many patients and leads them to put off seeking medical aid until the case is hopeless. The situation of being the middleman between patient and physician requires the wisdom of the serpent and harmlessness of the dove to handle it discreetly and save valuable lives.

The cancer age is after thirty-five; many men and women die from the disorder before fifty, the most useful productive period of life. The care of the cancer patient under the physician's directions often devolves upon the nurse, whether the case belongs to the curable or incurable class. The curable cases, if the patient is wise, will be treated surgically as early as possible, unless some serious constitutional disorder of heart, lungs or other vital organ forbids an operation.

As the safest place for operating is the well-conducted hospital, the nurse can do much to overcome the still-existing prejudice of so many patients and their friends against entering these institutions, thus being a true helper to both patient and surgeon. The preparation for an operation and the after care of the patient will be under the operating surgeon or his assistant's direction, and will be modified by the kind of operation to

be done, also whether at home in a private house, or in an institution.

In breast operations, where the growth is small, the patient will not be confined to her bed as closely as in a grave case of hysterectomy.

In private cases among the poor or those of moderate means the skilled nursing may be only that of the visiting nurse. Here her duties include instructing the members of the family how to manage and care for the case in her absence. She should make sure that the persons in charge understand the directions of the physician, and will carry out all regulations relating to asepsis, antiseptics, diet and other hygienic care of the patient.

Unfortunately, a large number of cancer patients apply for medical aid too late in the course of the disease to be materially benefited by the best medical skill. There are two classes of these patients. Those known as inoperable, even for temporary relief, and those who are given the benefit of an operation with the hope of staying the ravages of the disease for a few months, or a year or two. There are the patients with cancer of the stomach so far advanced that the pylorus is practically closed and the patient is starving to death. Bland foods with little waste and rectal feeding will need to be resorted to. The nurse's duty here is to help the physician carry out all measures which will promote the patient's comfort and prolong life. Sometimes the surgeon will decide to operate and attach the stomach and small intestines below the obstruction. The patient may be much improved for a time and even gain in flesh and improve in color. The nurse can be of much help to such patients by looking after their diet and improving their environment as much as possible. A life in the open air and freedom from care and worry will often assist very much in promoting the comfort of this class of patient.

The writer has met with a number of very

sad cases of far-advanced cancer of the uterus in women advanced in life, and even over three score and ten, in private homes. Many of these, even where their circumstances were fairly comfortable financially, were in a very pitiable condition. The aged childish patient of this type frequently resists the efforts made by the family to keep her clean and sanitary. The writer has had to care for such cases of incurable uterine cancer in aged demented patients, where large bed sores had formed on the buttocks, and the foul odors from the decaying tissues and fetid discharge were very offensive. A thorough curettment and antiseptic treatment of the foul ulcers kept the patient in comparative comfort for the few remaining days of her life.

So far, science has discovered no cure for cancer. Neither has the exciting cause been discovered. But many facts about the predisposing causes have been collected, one of the most important being that irritation of any form renders the structures most vulnerable to cancer infection. Also, old scar tissue is often the starting point of malignant growths. Blows and bruises often predispose to cancer, as shown by the frequency of cancer of the lips, and in the throats of men who smoke. The breasts and uterus are most frequently invaded in women, especially those who have borne children and have suffered from abscesses of the breasts, or had lacerations of the cervix, which in healing left more or less scar tissue.

The presence of decaying teeth and the

irritation of the ragged edges of old stumps in the mouth often predispose to malignant disorders. The nurse in such cases should always seek to persuade the patient to have her mouth and teeth treated by a skilled dentist. In fact, the trained nurse may do much to remove all predisposing causes of cancers and all other morbid growths, by suggesting timely medical and surgical treatment for their cure or mitigation. X-rays, radium, and many serums and vaccines and other therapeutic measures have and are being experimented with for the cure of inoperable cases of cancer, in some cases with an apparent measure of success, but time will be required to prove these agents as specific cancer remedies. Meanwhile, the trained nurse must do her work educating the laity on the subject of the early treatment of all morbid growths and suspicious sores, which refuse to heal by antiseptic treatment. She must instruct the incurable patient and his friends how to carry out antiseptic treatment in the home, and how to avoid suffering and discomfort as much as possible. The timely operation on a breast or uterus may be the means of saving a mother to her family for many years of useful life. A neglect of the small growth, or of indurated cervix for a few months, has often meant a lingering, painful illness and death in a year or two at most.

It will always be an occasion of thankfulness for the conscientiousness trained nurse to know she has helped save human life and lessened human suffering.

A good conscience is to the soul what health is to the body ; it preserves a careful ease and serenity within us, and more than countervails all the calamities and afflictions which can possibly befall us.

—ADDISON.

Clinical Studies With Nervous and Mental Patients

LUCY C. CATLIN, R.N.

IN order to understand the care of nervous and mental patients, a nurse should be familiar with symptoms, peculiarities, and characteristics that mark such patients. To know how to meet and deal with these symptoms requires the highest type of intelligence, and calls for the best there is in a nurse. She is dealing with an unknown, uncertain quantity, where routine rules cannot be made and followed as in surgical work. All the tact and judgment she possesses must be called into service.

The nurse is with the patient every hour of the day and night, therefore sees him in all his moods, while the doctor in a brief visit is privileged to observe him in but one mood, and that put on perchance, for the doctor's special benefit, in order to gain a much desired point. In nervous and mental diseases, like typhoid fever, proper nursing is half the battle. The reason is at stake as well as life itself.

Under mental symptoms may be classified:

Delusions	Aboulia
Hallucinations	Obsessions
Illusions	Impulses
Phobias	Negativism

States of depression and exaltation. Note carefully the definition and example of each.

A delusion is a false belief. A patient, though a millionaire, believes he has lost all his property, consequently there is nothing left for him but the poor house.

An hallucination is a false sense-perception. The poor soul feels the heat of the fire that is burning the house she is in, she hears the chopping of kindling to build the fire, and sees the flames.

An illusion is a false sense-perception of

an external object. A rope or cord becomes a snake, the whistle of a train is the scream of a child in distress.

Phobias are morbid fears; they are many and varied bearing scientific names indicating the kind. The morbid fears of space, of heights, of light, of falling, of dirt, and manifold other things, are examples. A man fears to cross Brooklyn Bridge. Over and over again he reaches the approach but cannot cross. A mother with the fear of dirt must scrub her children with laundry soap and sapolio every day, and if the child's dress falls on the floor, it can never be worn again.

Aboulia is inhibition, indecision. The man with this mental symptom hesitates a long time in the morning when he is dressing, whether to put on the right stocking first or the left. Breakfast waits, still he is undecided.

An obsession is an imperative idea. Commonly speaking, a man is possessed of the devil; he has an impelling idea that he must take the train at a certain time for New York City. Persuasion failing, it may be necessary to lock him up to prevent it.

An impulse is a morbid action performed without the intervention of the will. Many suicides and murders are impulsive acts.

Negativism is opposition in thought and action to everything that is suggested. Whatever you want your patient to do, he refuses, even the most instructive action is inhibited.

A state of depression is a constant mental depression from which one cannot be lifted. Always be on your guard with such conditions for any attempt at suicide.

Distinctly contrasted is the state of exaltation, where a patient has the most wonderfully bright visions, possibly of boundless wealth, or of business prospects.

Among peculiarities and characteristics to be noted are wishes, desires, strange ideas, expressions of discontent or inordinate pleasure, also worries. These may give you the trend of thought that will help to analyze that mind. Profanity, vulgarity, untidiness, masturbation, are all most important to be noted and recorded, for they are, in part, at least, diagnostic to the physician.

Careful observation of mental symptoms and recognition of them according to the classification, are very important qualifications in a nurse to whom is entrusted the care of mental cases. We speak of a physical defect as a distorted face or limb, just so a mind is distorted or twisted from its natural shape by disease or degeneracy. To an observant nurse, trained in mental nursing the deformity of the mind is just as apparent as that of the foot.

Do not confuse delusions, hallucinations and illusions, remember that delusions are altogether the creations of the mind, while hallucinations and illusions have to do with the senses. With illusions there is a real object or sound which is perverted, but hallucinations are the result of an irritation of the special sense nerve fibers, which produces the false perception. These are all just as real to the patient as any normal belief or perception, and the nurse must realize this, if she would gain her patient's confidence and be able to help in the restoration of reason.

The alcoholic truly sees snakes, the paranoiac carries out the most wonderful reasoning to prove what to him is an absolute belief, but to the normal mind is a most weird picture.

An important truth to remember is that no amount of argument can dispel these ideas. Your strong hold is in gaining your

patient's confidence by lending a listening ear, showing apparent acquiescence, and by assuring him that all is well.

You are analyzing a diseased mind by the careful observation of mental symptoms, and recording them accurately for the doctor's information—therefore it is essential that you listen to his story. Apply the same care as you do in watching the pulse, the respiration, the temperature, the sputum of a serious case of pneumonia, and the results will be as sure in the majority of cases as in pneumonia.

Certain mental symptoms are characteristic of certain diseases, but they are not alone diagnostic. Sometimes they are so intermingled that it is hard to distinguish them, what seemed like a delusion at first, appears later to be an hallucination. Delusions or hallucinations lead to obsessions or impulsive acts, depression or exaltation. Dreams are often projected into the day as delusions, for this reason it is important to encourage the recital of dreams. While profanity, vulgarity, untidiness, masturbation are characteristics that are extremely revolting, a nurse must see in them a diseased brain, a distorted mind, and show the same patience and consideration that she does to an unconscious patient whose evacuations are involuntary. The most sainted "Mother in Israel" under mental disturbance will use more profanity and vulgarity than one could think she had ever heard, but it is characteristic of that form of disease.

It is truly within the province of a nurse to recognize and classify mental symptoms, just as she recognizes and classifies physical symptoms in any other class of cases, and she can be of inestimable value to the doctor in his effort to diagnose correctly and treat intelligently.

Thus far we have dealt with the mental symptoms, later we will speak of some of the physical signs, and the nurse's care and management, embracing also nervous cases.

The Care of the Feet

CLAIRE D. LANE

NOT long ago I read an article evidently intended for the business woman, but which has its lesson for nurses as well, on the necessity of clothing being *comfortable*, if one expects to "make good in the business world." "Whenever," said the writer, "you see a woman who has succeeded in keeping the wolf from the front door, and incidentally putting gold hinges on the back door, there you see one who has had the good sense to dress herself in absolute comfort from head to foot. No tight shoes are hers, nor hats so heavy they give her headache, nor collars so tight and high that they effect her eyes, nor lacing so snug, nor clothes so fine as to hinder her freedom and ease in her work.

"It takes all the vim and energy a woman can get together, to keep always up to the mark and to handicap herself in instruments of torture that discount by so much her working power is a folly no brainy feminine is guilty of.

"I once knew a pair of small russet shoes to spoil one woman's chances, she was in a position where big opportunities awaited her, provided she made good. And she intended to make good. But this required tact, suavity, endurance and every faculty sharpened to its keenest, and these essentials which she might normally have mustered were all knocked out by that foolish pair of shoes. She had become so used to the discomfort from them that she scarcely realized the effect they had on body and mind, until another woman, calm, smiling and strong, and 'all there' was advanced over her head to the coveted position. Sitting down to reason with herself, she could distinctly trace the lost opportunity back to critical moments when those wretched shoes had so tortured and irritated her that she was not herself.

"Next to a bad conscience I know nothing that will blot the sun out of heaven and the comfort out of earth like a pair of misfit shoes."

One of the rules made by some training schools is that probationers must bring with them a pair of loose comfortable-fitting shoes, and it is a rule which might wisely be made by all schools. The prospective probationer cannot appreciate the need of this excellent precautionary measure before entering, but she will be very likely to understand the reason for it, before the first probation month is over. The first month in a hospital is a fierce test of the endurance of the feet and certainly every school owes it to a probationer as well as to itself to see that she enters as far as possible without the handicap of tight uncomfortable shoes.

The rule requiring rubber heels to be worn on the shoes used while on duty is one which the young nurse is apt to consider solely for the good of the hospital. After awhile she learns that the rubber cushioned heel makes for ease, as well as quietness in walking.

It seems as though it ought not to be necessary to remind a nurse to keep the feet warm and dry, that she should never go about with wet shoes or stockings for an hour; that she ought to wear rubbers when the streets are damp, and leggings if there is much snow; that if her skirts are wet, they should be changed at the earliest possible moment; yet an intimate acquaintance with a considerable number of nurses has proved that such reminders, especially at this season of the year are not unnecessary.

A little nurse friend of mine was caught unprepared in a heavy shower. She hurried to the hospital, went on night duty with wet feet, and the next night was unable to come on duty because of sore throat. The ton-

sils became badly inflamed and the prostration of strength was great. Finally the condition of the throat became more alarming and it was thought best to administer antitoxine as a precautionary measure. Whether or not she had diphtheria or would have had it will never be positively known, but there is no doubt the trouble in the throat was at least partly due to her wearing through a whole night, wet shoes, stockings and skirts. One result of the illness was that she developed serious heart symptoms, and was off duty for nearly four

months. She paid a big price for her indiscretion.

I have known other nurses who wore lace or openwork stockings in winter and wondered why they suffered with pains in their feet and legs.

When the feet are very tired few things are more refreshing than a foot bath in hot salt water. When there is a tendency to excessive perspiration a powder made of salicylic acid one part to four parts of dried corn starch is recommended to be rubbed into the sole of the foot and dusted into the stocking.

Dainty Meals for Convalescing Patients*

HENRIETTA HAZELTINE

BOILED RICE

Use a double steamer. Into three cupfuls of water, boiling hard, drop in a pinch of salt and two tablespoonfuls of rice. Cover tightly. Boil for three-quarters of an hour without stirring. If the rice has not absorbed all the water, empty rice gently into a colander; the water will drain without breaking the grains. Rice cooked in this way is very different from the sticky, lumpy mass that one so often sees.

RICE-WATER

Dissolve one tablespoonful of rice flour in a little cold water, stir slowly into it one quart of boiling water. Return to fire and stir frequently as it thickens and becomes transparent. Let boil twenty minutes, remove from stove, strain and set aside to cool.

* Continued from page 23.

RICE JELLY

Dissolve two heaping teaspoonfuls of rice flour in a little cold water. Add to it a coffee-cupful of boiling water. Sweeten with one lump of loaf sugar. Place in it a small stick of cinnamon. Boil for fifteen or twenty minutes. Mold it and serve cold.

CORNSTARCH PUDDING

One pint of boiling milk. Thicken with two tablespoonfuls of cornstarch (which has been made smooth in a little cold milk), add one tablespoonful of sugar, a stick of cinnamon and a suspicion of salt. Boil, stirring to keep the pudding perfectly smooth, about ten minutes. Remove cinnamon, turn into molds. Serve hot or cold.

The above diet will be of vast aid in all intestinal troubles.

Cleanings From Medical Literature

Surgical Anæsthesia

R. H. Ferguson finds that the phagocytic power of the blood which is lost to a great degree by the inhalation of ether or chloroform can be quickly restored by the proper use of olive oil, and that it is just as certain that without this oil it would not be quickly brought back, and also that there is at present no other known means of restoring it. In order to obtain results the oil must be absorbed as oil and that it is so absorbed from the lower bowel when injected high in the rectum has been proved by several investigations upon the subject of rectal feeding. One should inject six ounces of olive oil high up into the rectum in all septic cases, and in all others in which the patient's power to resist infection may be called into play. One should remember that time is an important factor in restoring the opsonic index, therefore one should not delay in the administration of the oil. In injecting the oil one should "make haste slowly." The sudden deposit of six ounces of oil may cause it to be ejected, and all will have to be done over again. Only pure, limpid olive oil should be used. Absorption to do the most good must take place comparatively quickly. —*New York Medical Journal*.

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Antityphoid Vaccination

F. F. Russell concludes that: 1. Antityphoid vaccination in healthy persons is a harmless procedure. 2. It confers almost absolute immunity against infection. 3. It is the principal cause of the immunity of the troops against typhoid in the recent Texas maneuvers. 4. The duration of the immunity is not yet determined, but is assuredly two and one-half years, and probably longer. 5. Only in exceptional in-

stances does its administration cause an appreciable degree of personal discomfort. 6. It apparently protects against the chronic bacillus carrier, and is, at present, the only known means by which a person can be protected against typhoid under all conditions. 7. All persons whose professions or duty involves contact with the sick should be immunized. 8. The general vaccination of an entire community is feasible and can be done without interfering with general sanitary improvements, and should be urged wherever the typhoid rate is high.—*Jour. of A. M. A.*

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Quick Emesis

In case of choking, poisoning and other conditions it is often desirable to empty the stomach promptly. Vomiting is almost invariably produced by thrusting a long, energetic finger far into the throat. This should be followed by a glass of warm water, to which has been added a teaspoonful of dry mustard. If ipecac, wine or syrup is used, a teaspoonful should be given to a child and a tablespoonful to an adult. It should be followed by a drink of warm water and the index finger again inserted. Generally speaking, the finger method is quite successful in bringing about emesis, especially after narcotic poison has been taken. In case of opium poison the stomach is often in a lethargic state, due to the benumbing effects of the drug, and combined measures may often need be called into service. Apomorphine hypodermically in 1-10th grain dose will as a rule produce vomiting in less than five minutes.—*Exchange*.

✦

Wood Alcohol for Poison Ivy

Dr. Charles Wirt, writing in *Medical Summary*, states that he has found that

wood alcohol applied as a lotion to the affected part in case of poisoned ivy, to be the best remedy he has used. Wood alcohol, full strength, has no bad effect on skin. It might need to be diluted with water for some skins. Applied early, at the appearance of the irritation, it stops further spreading and practically eliminates all discomfort.

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Garden Vegetables and Typhoid Fever

Creel (*Public Health Reports*) has carried out a series of experiments with radish and lettuce raised in soil which has been contaminated with the bacillus typhosus. He found that the plants would take up the germs from the earth as they came through the infected soil, nor would rainfall rid these plants of the organism. The conclusion is that soil contamination is not only a possible but a probable danger, while the ordinary methods of washing these vegetables under the kitchen faucet will not suffice to remove the germs and make them safe for food. Since the life of the typhoid bacillus in soil is sixty to seventy days, the danger of using human excreta as a fertilizer is a real one, both on account of the possibility of water contamination and also direct infestation of growing food plants.—*Medical Standard*.

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Measles

1. Keep the patient in bed, in a well-ventilated room. If moisture in the air can be easily provided for, it is wise to have it, owing to the liability to irritation of the respiratory organs. Guard against his taking cold.

2. Exclude the light almost entirely.

3. Broncho-pneumonia and inflammation of the middle ear are common complications. Most deaths following measles are due to broncho-pneumonia.

4. Warm baths are usually given during and after desquamation and oil rubs are useful.

5. Tuberculosis has frequently developed after a severe attack of measles and whooping cough may occur as a complication or sequel.

6. All patients with measles should be isolated. The disease is contagious during its whole course. It is believed that it may be spread by the desquamating skin and by all the secretions, including those of the mouth, throat and nose. The breath is considered by many physicians as a possible agent by which the disease may be communicated.

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Thrombosis in Typhoid Fever

Sir Almoth Wright has suggested that thrombosis in typhoid fever largely depends on an excessive amount of calcium in the blood, which, in turn, arises from the large amount of milk administered as food. To prevent such thrombosis, he recommends the partial decalcification of the milk by the addition of 20 to 40 grains of sodium citrate to each pint; this also renders the milk more easily digested.

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Flaxseed Tea

In cases of bronchitis where there is a great deal of irritation of the throat and bronchial tubes, copious drinking of flaxseed tea has proved very effective in relieving the irritation. Use a tablespoonful of whole flaxseed to a quart of cold water. Let it slowly come to a boil and boil for five minutes. Then strain and cool. When cold it should be quite thick, almost like jelly, and should be drunk without diluting with water. The juice of half a lemon should be added and sugar if desired. From one to three pints daily may be taken.—*Exchange*.

Editorially Speaking

An Indispensable Force

Some time ago in our reading we came across this quotation: "The best way to get an idea of the value of anything that is a familiar part of our daily life, is to try and get along without it." These words have been brought to our mind many times recently, by numerous letters from subscribers, each bearing the message: "I could not possibly get along without THE TRAINED NURSE," and it has been a source of much gratification to us to feel that this magazine has been an indispensable force in the lives of thousands of nurses.

We look back over the stretch of years—nearly twenty-five of them now—to the time when there was no nursing magazine in America; when each school and each nurse was an isolated factor, without connecting link of any kind, without any medium for exchange of thought, or for the discussion of problems, and we try to estimate the part THE TRAINED NURSE AND HOSPITAL REVIEW has had in the series of progressive movements since that time. The policy of a safe middle ground, of justice to all, of a fair presentation of all sides of nursing questions, of toleration, has been adhered to steadily through all the years. Above all we have tried to be *practical*, and to weigh questions with reference to their practical bearing on human problems.

Perhaps no part of our policy has subjected us to such misrepresentation, as the two fixed principles, that on debatable subjects all sides should have a hearing through our columns if they desired it; and that every nurse from the least unto the greatest, from the youngest to the oldest

graduate, is entitled to fair play and the liberty of having an opinion of her own. Yet every nurse who thinks the problem through, and is honest with herself, knows that our policy has been right.

To keep to the things of practical utility is not as easy as many imagine. It would be much easier to fill every page of the magazine month by month, with articles full of moralizing about nurses; of theorizing upon abstract subjects, than to fill them with readable practical articles, each one of which has a definite value to some one, and to provide a variety sufficient to meet the tastes of each and every subscriber.

Our ambition this year is to make THE TRAINED NURSE AND HOSPITAL REVIEW more practical and therefore more valuable than it has ever been before, and in this we need your help. If you have any suggestions as to the articles you would like to see in the magazine send them to the editor. Among the variety already promised we find a series of articles on mental nursing by a nurse with wide experience in that particular branch, articles on bedside teaching, and methods of teaching, articles on some specially selected medical cases, and a series on the nursing of sick children. Newer methods will be described when they have been definitely worked out, and the HOSPITAL REVIEW will give short practical articles and items of interest relating to the hospital and training school.

The question was recently asked in a popular magazine: "Should a magazine try to give its readers what they want or what they ought to have?" We shall try to do both, and expect to succeed. We shall not neglect any important develop-

ments effecting nurses or hospitals, and our readers may rest assured that they will be duly informed in regard to current events of any special significance.



Just a Word of Caution

Without doubt the woman who invented "Tag Day," was both a genius and a philanthropist. Tag Days and Flower Days have helped to provide hundreds of the needy sick with skilled nursing. Doubtless many thousands of lives are saved every year by nurses supported from Tag Day boxes. But just as it is hard to find a rose without a thorn, so it is just as difficult to devolve any plan of doing good, that has not in it also the possibilities of harm.

A prominent social worker, a woman who has a wide acquaintance with the world, and especially with the causes which contribute to the downfall of young girls, has asked us to urge with great earnestness through this magazine *that young inexperienced girls be not put in charge of tag day boxes on the streets.*

She told of a case, where a young girl of seventeen whose family she knew, had been pressed into service on Tag Day, to have charge of a box on a busy street corner. She was pretty and attractively attired, and men readily allowed themselves to be "tagged" by her. One man who made a most generous response to her appeal stopped to talk with her. He was quite a "swell," she told some of her companions at their noon lunch. She also confided to some of them that she had a "date" for an auto ride with him that evening. The girl went with him for the auto ride, and has not since been heard from. Her heart broken parents naturally look upon "Tag Day," as an unmitigated evil.

The social worker insists that to put young inexperienced girls on the street, and allow them to pin flowers on the coats of every passing unknown man, or to hang tags on his buttons, is to expose susceptible

girls to temptations such as many of them are not proof against. The spirit of adventure which is in the air on such occasions, helps to throw them off their guard. Their customary modesty about approaching strangers has to be dispensed with for the time, and there is no doubt but that there exists an element of real danger.

When "Tag Days" are being planned for this year, nurses should make a really determined effort to guard against this danger by urging that young inexperienced girls are not placed in charge of boxes on the street. It seems hardly necessary to add that no nurse in uniform should appear on the street on such occasions, and that nurses everywhere should prevent the uniform from being used for the purpose of helping to extract stray dollars from men on the streets. No refined well bred nurse who has any sense of the fitness of things will make herself conspicuous by wearing her uniform in public places on such occasions.



The Pioneer Hospital Nurse

To publish, or not to publish, the graduating address in nursing journals, has always been a much discussed question, many contending that such addresses are of local interest only, and can have no value for nurses in general. Whether this is true or not in the majority of cases we think there can be no doubt but that the address by Dr. Lawrence Littig, entitled "Your Ancestry," which appears in this number possesses much more than a local interest, for it carries us very briefly through the early history of nursing, and then coming up to our own time, gives some very interesting reminiscences of the founding of the first training school for nurses in the historic Philadelphia (Blockley) Hospital, on January 11, 1885, where Dr. Littig was a young resident physician. It also points out some facts in nursing history not generally known, or if known, often overlooked.

We have grown so accustomed to hear of the neglect of the sick before the days of the training school, and of the dreadful creatures of the Sairy Gamp order who did the nursing, that we forget those other nurses to whom Dr. Littig pays tribute. "None of them were of patrician or noble birth," says Dr. Littig, "few had any preliminary education, but they became good nurses, and most of them were devoted to, and loved their work. Many of them were unusually intelligent and observant, and I often sought the advice of these practical nurses, and always received valuable assistance. Let me tell you that the practical nurse of whom I am speaking was as important and well trained in her day as you are in yours. This older nurse was not an occasional nurse, but a professional who continued at her work many weary years always in the hospital. She had many admirable qualities, she made such great hospitals as the Massachusetts General, Bellevue, Blockley, and the Pennsylvania Hospital possible. Too few words of praise have been spoken of those older professional untrained but observing nurses, they were splendid women, and splendid nurses for their day. All honor to them."

Dr. Littig also pays just tribute to another group of women—trained nurses who did pioneer work in the establishment of the Blockley training school. "I feel," says Dr. Littig, "that Miss Alice May Fisher, and Miss Edith Horner, with their able assistant Miss Marion E. Smith, are real pioneers in American Training School work, and as such are deserving of a nitch in the hall of fame." We had not the privilege of knowing Miss Fisher, but she was much beloved, and the ceremonial of decorating her grave is still performed each Easter by the nurses of the Philadelphia Training School. Miss Marion E. Smith has always been a brilliant figure in the nursing profession, she was for years a contributor to *THE TRAINED NURSE AND*

HOSPITAL REVIEW, and her splendid articles on nursing and hospital subjects, have never been surpassed. She is one of the group of nurses too big and doing too important a work in life to allow themselves to be drawn into petty nursing politics, and so are known only by their works. We join with Dr. Littig in doing them honor.



Keeping at the Maximum

Before the great national political conventions were held and when presidential possibilities were coming too the front in different parts of the country, we were much impressed by one significant statement in the *American Magazine*. In discussing seven of the presidential possibilities Ray Stannard Baker said: "All of the seven, save possibly Harmon, are at the very *prime of life for national leadership*. These are their ages:

Underwood fifty years; Roosevelt fifty-four; Taft fifty-five; Wilson fifty-six; La Follette fifty-seven; Clark sixty-two; Harmon sixty-six years." Apparently a man is at his prime, his maximum, for a hard task when he is beyond fifty years. How about women—about nurses in particular? At what age can it be said "they are at their maximum?" Is it between the ages of twenty and thirty; of thirty and forty; forty and fifty; or is it beyond fifty years?

It is probably true that for most nurses the best earning years are between thirty and forty.

Having arrived at one's maximum, how may one manage to keep there? How long is it possible to keep at the maximum? Surely twenty years for the average person who is in possession of fairly good health.

The "how" depends on the nurse. It is hard to conceive of a nurse keeping at her maximum, who does not have some wholesome uplifting interest outside of actual nursing. It is hard to conceive of a nurse keeping at her maximum who does not feed

her brain, who does not seek the stimulus of new thoughts, who does not strive to hold on to the joy of achievement.

It is as easy to become a "has been" in the nursing world as it is in the domestic realm. The woman who has no thoughts beyond the routine of cooking, darning, washing, cleaning for her family, is twin sister to the nurse who has little or nothing to talk about but the patients she has nursed and the ordinary gossip of the work. What is more pitiable than a nurse who started out on a nursing career at twenty-two with a good education, accustomed to the companionship of good books, with a healthy, happy, active interest in church, city, and state welfare—what is more pitiable than to see such a nurse allow herself to lose all interest in the big world events which are happening every year, to get out of touch with progress, to cease to read even the literature belonging to her own world, and to fall behind the procession along all lines.

When does a nurse reach her maximum, how long should she expect to remain at her maximum, and what can she herself do to prevent herself falling below the maximum of her abilities?

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The Nursing of Children

In the April issue of this magazine we shall begin a series of articles on "The Nursing of Children," by Minnie Goodnow and Zula Pasley. Miss Goodnow needs no introduction to our readers and Miss Pasley is one of her pupils who has made a special study of babies and children. These articles will not be dissertations upon the *diseases* of children, nor will they be popular informa-

tion for mothers, but will take up the nurse's own problems. They are for nurses, by nurses, and will deal strictly with *nursing*, touching physiology and pathology only so much as is absolutely necessary. They will therefore embrace a field which no book and no series published in this country has yet covered.

The articles will take up the preparation for the baby, care of normal babies, some discussion of unusual conditions, care of premature infants, nursing in diseased conditions, and in operative cases. There will be something on clothing and food for both babies and little children, points on entertaining them, and on simple teaching methods. The articles will be illustrated.

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The Modern Education of the Blind

The March number of THE TRAINED NURSE AND HOSPITAL REVIEW is so overflowing with good things, that it resembles the proverbial "Horn of Plenty." While space will not allow us to comment separately on each able article in this "embarrassment of riches," we cannot refrain from a few words of appreciation of the very instructive article, "Blindness, and the Modern Education of the Blind," by Mary A. Clarke a writer well known to all our readers. Miss Clarke's articles are always of much educational value, not only on account of the careful work put into their preparation, but because her statements are based on the best recognized authorities, and can therefore be relied upon. This article has been highly approved by the authorities at Overbrook, Pa., and the illustrations used are loaned through the courtesy of the same institution.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans, in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The American Hospital Association

The report of the Detroit meeting of the American Hospital Association has been published. It is full of good information for hospital workers. The price is \$2.00, but members receive it free. All hospital trustees and superintendents of hospitals are eligible for active membership, and all assistant superintendents and members of hospital and charity organizations are eligible to become associate members. For full particulars write to Dr. J. N. E. Brown, Detroit General Hospital, Detroit. The next meeting is to be held in Boston on August 26, 27, 28, 29. A program of great interest is being prepared. All readers of *THE TRAINED NURSE* are welcome to attend the meeting, and those who are eligible for membership will be heartily welcomed if they wish to join.



The Dismissal of Unacceptable Nurses

There are few nursing questions which it is more necessary for hospital and training school authorities to agree on than how a probationer or unacceptable nurse should be dismissed, what principles we should observe in such a transaction. Yet there are no indications that we are any nearer agreement than we were ten years ago on this question. It is a question fraught with tremendous importance to the nurse, at least, and in numerous instances it has proven to have a direct bearing on important gifts to hospitals.

On the one hand, we have doctors bewailing the inhumanity of hospitals in turning pupil nurses adrift hundreds of miles from home, without money or friends, in a strange city, and we know that unfortunately there occur each year in American hospitals enough of these incidents to give a basis for such imputations.

On the other hand, we have superintendents and boards of managers, a few of them at least, bewailing the ingratitude of nurses who for some trivial reason wish to leave the training school when their course is half through, and try to enter some other school to finish. It has been stated with, perhaps, some color of truth, that

superintendents of training schools often receive such pupils gladly, and without inquiry of the former training school, allow for time spent in the other school.

This is one question on which an agreement as to what is right and just to all concerned should be reached. What consideration is due a probationer who has proven unacceptable during the probation period? Should the superintendent of the training school be left entirely free to use her own judgment in such cases? Should she be required to have the consent of the superintendent of the hospital, or of some member or committee of the board?

Has the fact that a probationer has been accepted and spent a year or more in the school given her a claim for consideration greater than she had during the probation period?

Quite often the superintendent has been entirely right in her judgment that the pupil should be dismissed, but entirely wrong in the manner in which it was done. Every probationer who enters knows she is on trial, and the judgment of the superintendent of nurses about probationers can usually be depended on. At the same time, if she be wise, she will not hesitate to secure the approval of the superintendent or committee even in such cases.

After a pupil has been accepted the conditions have changed, and dismissal becomes a more serious thing. Long years of experience have led many hospitals to safeguard the pupil, the superintendent of nurses and the institution by a rule that dismissal is only to be effected after the case has been brought before the superintendent and training school committee and ordered, after due consideration of all sides and facts of the case. The pupil should have the right to appear before the committee, if she so desires.

Such a rule prevents hasty action or dismissal in anger or for trivial reasons, and it might wisely be adopted by hospitals in general.

In the interests of discipline the superintendent of nurses should have power to suspend a pupil, either to teach a lesson that it has seemed impossible to teach in any other way, or pending the



ALLEN HOSPITAL: BATHING THE HELPLESS

final decision of the committee. Many superintendents of nurses may regard this rule as a curtailment of their authority. In reality it is a safeguard.



The Cost of Furnishing a Private Room in a Hospital

The cost of furnishing a private room in a hospital is \$100, more or less, according to size of room and probable class of occupants, and according to what one considers complete furnishing. In some instances linen, blankets and china are included, while in other cases the mere furniture is considered. It must be kept in mind that small rooms need small, plain and relatively inexpensive furniture, while large rooms demand something more massive and elegant.

The following list contains the articles required for a room of moderate size in an average hospital. The prices are such as should supply good-looking, durable furniture, a strong, neat bedstead, and the best grade of mattresses and pillows. It is assumed that there is a lavatory in the room and no washstand will be needed.

Bed, with spring, \$11; hair mattress, \$12; 4 pillows (3 large, 1 small), \$7; bedside table, wood or iron, \$5; invalid table (for eating or reading), \$5; dresser, \$18; Morris chair, \$15; straight chair, \$3; footstool, \$2; rug, \$10; china and silver, \$8; linen and curtains, \$24. Total, \$120.

If a cheaper dresser be used (a very satisfactory one may be had for \$12), a plain rocker with arms instead of a Morris chair (\$6) and a less expensive rug (about \$6), nearly \$20 may be saved and the amount will be \$100.

For the china, a set of second-grade Haviland may be had for \$6, or plain white porcelain may be had for about \$2. Perhaps the most serviceable is a Syracuse or similar make, which costs nearly as much as Haviland, but wears much longer.

The linen should include one pair of white blankets and one of gray (these to be two-thirds wool), one pair cotton blankets for baths, two spreads, one dozen sheets, one dozen pillow slips, six bath towels, one dozen face towels, dresser scarfs and table covers, mattress protector and curtains of fine scrim. The amount allowed (\$25) should pay for good serviceable materials bought at wholesale. Of course, one can easily spend a much larger amount if one wishes elegant linen and fine blankets, but the above amount should purchase a quality as good as most persons have in their homes.

It is economy in the end to spend more than the amount suggested (\$10) for a rug. A real Persian at \$25 will last for a lifetime and look well, while a domestic rug at \$10 or \$12 will be shabby in three to five years. If washable rugs are used, they can be had for \$6 or \$7. Navajo blankets, also washable, cost about \$12 or \$15 and will last indefinitely.

It will be seen from the above lists that the mere furniture of a room, omitting china and linen, can be had for \$75 up.

In making rough estimates of the cost of furnishing private rooms, it will be found wisest to give \$125 as the approximate amount. If the rooms are large and require brass beds, a couch, two or three rugs, etc., \$200 is not too much to count on.



ALLEN HOSPITAL: DINNER ON THE SUN PLATFORM

Rhode Island Hospital

Rhode Island Hospital, Providence, which recently issued its forty-ninth annual report, ranks as one of the great hospitals of America. The number of patients treated in the ward the past year was 7,209. More than 10,500 new patients were treated in the out-patient department, and 2,600 emergency cases treated in the accident rooms and not admitted to the wards. A truly great record of service this is. The average daily cost of maintaining a patient was \$1.90, as compared with \$1.62 in the year 1902, and \$1.58 twenty years ago. Attention is directed to the great increase in cost by various special treatments—a condition not appreciated by the public nor by people in general who are interested in hospitals. "Suppose," the report states, "that twenty cents—that is about the cost of an X-ray plate or an ordinary surgical dressing—were added to the expense of a day's treatment of the average patient in the hospital wards during the past year, the total expenses of the hospitals for the year would have been increased by \$24,777.60 and it would have required a well-invested fund of half a million dollars to provide the income to meet this increase."

Few, if any, American hospitals have finer facilities for meeting the varied needs of a community which a hospital is expected to fill. The new infants' wards, the Crawford Allen Summer Hospital for Children, open six months of the year; the Russel greenhouse, maintained by a fund for that purpose; the George Ide Chace Home for Nurses, the new kitchen and service building all help to a greater or less extent in pro-

viding for the highly efficient service for which the hospital has achieved a reputation.



Object Lessons for the Class Room

How to teach nurses the cost of the common everyday supplies which they use so freely, and often with very little idea of the actual cost, is a question to which a good deal of study has been given. Instruction given only by means of the ear often "goes in one ear and out of the other." In this, as in many other things, instruction by means of the ear needs to be supplemented by some object teaching that will help nurses to remember.

In the Grace Hospital, Detroit, the principal of the training school, Miss Vanderwater, has worked out a method of object teaching for this particular thing that is at once simple, practical and well worth copying. There is no patent on the method, which is here passed on for the benefit of those "whom it may concern." It was one of the exhibits in her demonstration room, which was most favorably commented on at the hospital convention exhibit in Detroit in September. It consists of two demonstration panels about 8 x 27 inches, made of very heavy paste-board, book-board or mill-board, which are covered neatly with paper before attaching the articles. To these panels the articles are tied with narrow white tape, or sewed on with heavy thread, according to the weight of the article. On the first panel was shown the following list of articles:

Baby's nursing bottle, bottle brush, nipple,

medicine glass, minim glass, feeding tube, feeding tube brush, corkscrew, tongue depressor, scissors, probe, forceps, small bottle (marked "alcohol"), adhesive plaster on roll, rubber gloves, hand brush, silk, silkworm gut, catgut.

Second panel:

Medicine dropper, glass syringe, glass douche tip, rubber douche tip, rubber catheter, glass catheter, self-retaining catheter, connecting tube, Murphy tip, irrigating slide, stop-cock, ice-cap washer, clinical thermometer, hypodermic syringe, hypodermic needles, hypodermic wires, saline needle, aseptic soap, toilet soap.

The price of each article is marked plainly under each article, as follows: Single article, per dozen, per yard, per gallon.

These panels are kept in the demonstration room and used to help drive in lessons in what not to do with hospital appliances, as well as in teaching the cost.

A set of these object lessons on cost, and another set of *misused appliances* and materials such as was shown by Miss Sutherland, of Hartford Hospital, at the New York convention, should prove a most effective means of educating nurses in the proper use and care of hospital utensils and materials.

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New England Baptist Hospital

By the will of the late Mrs. Charlotte Thompson Ames Brown, the New England Baptist Hospital, Boston, will receive a bequest of \$250,000, for a new building.

The annual meeting of the corporation and trustees was held in the Ford Building January 22. Col. Edward H. Haskell, president of the corporation and of the board of trustees, presided. The reports of the superintendent, Miss Emma Anderson, and of the treasurer, Vernon A. Field, showed that the past year has been the best in the history of the hospital, the amount of free service given being much larger than ever. A bungalow addition has been built and most extensive improvements are contemplated.

The following is issued by the Hospital for the special instruction of prospective probationers:

Six white collars (clerical) will be needed and may be bought of the hospital on arrival.

All underclothing must be marked with the owner's full name at neck and waist bands, with Cash's Woven Names, which will be furnished by J. & J. Cash, Limited, of South Norwalk, Conn., for \$2.00 for 12 dozen, \$1.25 for 6 dozen, 85c. for 3 dozen. No. 58 (Red) or No. 59 are

the styles preferred. Unmarked clothing will not be accepted for the laundry.

Accepted applicants who have to wait before entering are advised to study the following subjects: Arithmetic, fractions, percentage, metric system, the names and location of the bones of the skeleton, the muscles and joints, the organs of the body, the course of the circulation of the blood.

Text books required: Aiken's "Primary Studies"; Aiken's "Clinical Studies"; Goodnow's "First Year Nursing"; a good medical dictionary (pocket edition).

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New Rochelle Hospital

Through the kindness of the ladies of the managing committee of New Rochelle Hospital, N. Y. all the nurses have been made members of the Public Library, and a number of reference books for their profession, which, it is hoped, will stimulate the interest of the public, have been added to the shelves.

The pupil nurses are being immunized from typhoid, by the hypodermic injections of dead typhoid germs, following the method used in the Army.

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Notes and News

With suitable ceremonies the Frank Wayland Higgins Memorial Hospital has been erected and dedicated at Olean, N. Y. It is a gift to the city from Mrs. Frank Sullivan Smith, of Angelica, as a memorial to her brother, Governor Higgins.

St. Joseph's Hospital, at Far Rockaway, L. I., has been completed at a cost of \$100,000. None of the wards will accommodate more than five patients.

Miss Oma Dickert and Miss Richie Norton, of Birmingham, Ala., have been appointed superintendent and assistant, respectively, of the new St. Luke's Hospital, at Anniston, Ala.

Mr. and Mrs. James Shevlin, of Brooklyn, have made a gift of \$100,000 to St. Mary's Hospital, Brooklyn, N. Y.

A very successful eleven-day campaign for funds for the Aurora Hospital, under the direction of Mr. Wilbur A. Bowen, resulted in the handsome sum of \$113,474. One hundred thousand was the mark set.

Book Reviews

A Laboratory Hand-Book for Dietetics. By Mary Swartz Rose, Ph.D., Assistant Professor, Department of Nutrition, Teachers' College, Columbia University. Price, \$1.10 net.

Investigations into the quantitative requirements of the human body have progressed so far as to make dietetics to a certain extent an exact science, and to emphasize the importance of a quantitative study of food materials. It is the purpose of this book to explain the problems involved in the calculation of food values and food requirements, and the construction of dietaries, and to furnish reference tables which will minimize the labor involved in such work without limiting dietary study to a few food materials. Only brief statements of the conditions affecting food requirement have been made, the reader being referred to general text-books on the subject of nutrition for fuller information.

Tables are included, giving the food values for the 100 calorie portion, which is taken as the standard portion, in the sense that it serves as a convenient unit in building up a day's ration to yield a stated number of calories, for the gram, which is the unit of weight for all scientific workers; for the ounce, the common unit of the small family group, and for the pound, the unit of the large family or institutional group. These tables have been in practical use for several years in the author's classes, and their value in relieving the student of monotonous clerical labor has been demonstrated.

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Guiding Hints in Obstetrical Nursing. By Mattie F. Howard, R.N., Graduate of the St. Louis Mullanphy Hospital; late Head Nurse, St. Ann's Maternity Hospital, St. Louis, Mo. 239 pages, 70 illustrations. Price, \$2.00.

As the name implies, this book is a collection of helpful suggestions in obstetrical nursing, guiding steps and gentle reminders of knowledge already acquired. It is not intended as a text-book, but was written with a view of helping the young nurse in private practice when first thrown upon her own responsibilities, in aiding her in remembering the important practical teaching of hospital training.

The book is prefaced with a short chapter, giving a description of the maternal organs, their position, structure and the important functions of each. Following this short chapter a few chapters upon the importance of the expectant mother placing herself under the care of the physician who is to care for her, early in pregnancy; the necessity of the observance of hygiene during this time, symptoms of pregnancy, and the changes in the maternal organs during pregnancy. Following these chapters comes the very important one of labor, and in this chapter and the ones that follow the author has endeavored to take the nurse step by step from the beginning of labor to the complete recovery therefrom, showing her how she may be of assistance to the attending physician; making notes of obstetrical and surgical complications and interference, with simple remedies that may be used in emergency. Then follow several chapters on the care of the baby. The book concludes with an appendix on the nurse.

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Clinical Studies for Nurses: For Second- and Third-Year Pupil Nurses. By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburgh, and of Iowa Methodist Hospital, Des Moines. Second edition, thoroughly revised. 12mo of 569 pages, illustrated. Cloth, \$2.00 net.

The very cordial reception given by nurses and hospital training schools to the first edition of "Clinical Studies for Nurses" has been gratifying. Experience in its use, however, has suggested the desirability of some additional notes which have been included in the present edition.

The book, as a whole, has been arranged in accordance with the recommendations of the special committee on training schools of the American Hospital Association. In this edition paragraphs have been added on infantile paralysis, pellagra, operating-room organization and management, anaesthesia, etc. The chapters dealing with mental diseases have been largely re-written. A large number of additions have been made in the form of practical points in various diseases and conditions.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Nursing People of Moderate Means

To the Editor of The Trained Nurse:

During the past few years there has been more or less discussion regarding the nursing of people of moderate means, and various propositions have been advanced to solve this problem.

Every registration law should have as a primary object, the protection of the public. Has the trained nurse body considered that the public is asking to be protected from certain wrongs which are more and more in evidence as time goes on. The question has been discussed from a financial, commercial and legal standpoint. In all these discussions we fail to note *humanitarianism*—that word which involves the only true solution to so many of our modern questions—love to God and forgetfulness of self.

In the history of the world we find the very word nurse has always conveyed to the generality of people a sense of comfort. If it denoted anything, it denoted self-sacrifice, kindness and goodwill toward men on the part of those who entered the field. It denoted a sacredness which seemed to permeate the calling. It denoted care for any in distress, especially the poor. It meant entering the most dangerous places, no disease too vile to be cared for; caring for the most degraded and helpless, regardless of remuneration.

When Florence Nightingale entered the vile hospital at Balaklava, did she pause to think which soldier was possessed of great means, moderate means or no means at all.

And now, in the few years which have elapsed since Florence Nightingale placed nursing on a high basis, we find, to our shame, our nursing journals discussing whether or not people of moderate means shall have consideration. Let me ask, who these unfortunates are? The rank and file of our population, the class to which nurses themselves belong, the great middle class, which is the backbone of any country—the working class. That such a question should arise is a libel on our nursing profession. It shows, by the very headlines, that nursing is, at the present age, a luxury only for the rich. We may settle this question by grading or by prohibitory laws, but until the "nursing body" opens its eyes to a world

of suffering humanity and goes wherever there is need and at prices within the reach of the average individual, the public has a right to criticize and demand consideration.

The trade unionism of the present day is a detriment. Imagine such a situation as an alumnae association expelling a member because out of sheer pity she nursed a week extra at a reduced rate. Yet this has happened. It is the protestation of the people which is responsible for the existence of short term schools and correspondence courses. There is no one to blame but the registration boards, with their unreasonable rules and regulations. A great deal has been said about higher standards of education, and all admit that one cannot be too cultured to enter the profession, but on the other hand, by barring out those who have had no opportunities but those afforded by good home training, and who are honest in their desires to be good, wholesome nurses, we are hindering the hospitals, and withholding help where there is urgent demand. Since the standards have been raised, may I ask whether the quality of our nursing has been improved? We may try to excuse ourselves, or blind our eyes to the real facts, but the complaints from patients are too frequent and, alas, only too true. Such complaints as burning with hot water bags, pouring cold water over a sensitive part when warm should be used, tearing off adhesive plaster plus the skin, taking the temperature directly after a cold drink, baths only half completed, improper diet after operation, etc.—these complaints come not from one but many; worst of all, a heartlessness which is inexcusable, such as a patient waiting unnecessarily long periods for a bed pan or a drink of water. Let me ask—could not any good woman nurse better than this without any training?

In private homes the nursing is of no higher quality. All too frequently do we hear the following complaints of the hospital nurse: First, the prohibitive rate for her service, which the average working man cannot afford. Second, when she does enter a home, there is so much to do which is beneath her dignity, that instead of being a help she demands being waited upon, and

the already overworked members of the family, torn by anxiety, find the extra burden of a nurse intolerable. Third, she is inconsiderate of taking her hours off at the convenience of the family, etc.

Is it not time that we made an honest investigation, and instead of trying to invoke new laws and put the thumb screws on a little tighter, as it were, work for a clearer vision, a less narrow view of the situation? Let us teach the gospel of true helpfulness to every nurse who leaves our hospitals, and not handicap her with the narrow fetters of what she ought not to do, in the home, inculcating the foolish idea that should she stop to dry a dish or sweep a floor she would drop from her high pedestal.

Let each nurse choose, as Ella Wheeler Wilcox suggests, the class to which she belongs:

"The two kinds of people on earth I mean

Are the people who lift and the people who lean.

Wherever you go, you will find the earth's masses

Are always divided in just these two classes,

And, oddly enough, you will find, too, I wean

There's only one lifter to twenty who lean.

In which class are you? Are you easing the load

Of overtaxed lifters, who toil down the road?

Or are you a leaner, who lets others share

Your portion of labor and worry and care?"

EDITH M. RICE, R.N.



The Fixed Fee

To the Editor of The Trained Nurse:

The last six months of 1912 have been the "leanest" months I have had in a five years' practice as a private nurse. The nurses in the home and on the registry which is the only registry in our city of about 60,000, have gotten very discouraged. Some of the nurses have left and gone to smaller towns, where there were no other nurses, or very few, some to hospital positions. Several of us have been idle six weeks at a stretch, and with money going out all the time and little or nothing coming in for weeks at a time, we have been forced to consider a lot of sides of the nursing question which we did not consider when we were busy. We fixed the rates ourselves a few years ago at \$25 per week for ordinary nursing, \$30 a week for contagious cases, and \$35 if there were two cases in the same house.

Two of our nurses about two months ago accepted positions in a hospital at \$40 a month, with the prospect of \$45 at the end of three months, if they stayed, and \$50 a month at the end of a year. Another joined the staff of a district nursing organization, beginning at \$45 with a possible \$60 a month at the end of two

years or three, I am not sure which. All of these nurses now seem happy and busy, while we, who sat waiting for \$25 to \$30 a week have had much idle time, though more calls have begun to come in than the registry has had for two or three months.

One evening one of our number asked the question: "Why is it that nurses will sell their services to a hospital for \$40 or \$45 a month, and will refuse to sell their services to a private family for less than \$100 a month to \$125. They surely work harder in a hospital, often having charge of a half dozen or more patients. Or why will they accept \$45 a month and put up with the difficulties and hardships which some district nurses undergo, but will not go into a moderate-priced but comfortable home, without more than twice that sum is paid to them?"

The superintendent of the registry, hoping to increase the calls, went around to all or nearly all the doctors in the city, but one after another many of them told her that most of their patients were not able to pay \$25 a week for nursing care. Some of the doctors told her that they themselves preferred the "experienced" or untrained nurse, because she fitted into the home better, and was more willing to get meals, and help in different ways, if the woman of the house was the patient. We are beginning to think that the fixed rate for everybody is a mistake, and have seriously considered several other ways of solving our problem. The difficulty is that once we go to nurse for a doctor for \$2.50 to \$3.00 a day, he thinks we ought to do it all the time. We have always had a few "experienced" nurses on the registry, and they are mostly kept busy. One thing we have considered, is having the superintendent fix the charges according to the condition of the family we were sent to, and giving us our room and board between cases, but not laundry, and a fixed salary of \$50 to \$65 a month, just as many district nurses get, the families paying traveling expenses for out-of-the-city calls, and being responsible for a certain amount of laundry. The superintendent of the registry is willing to try this plan as soon as we all decide to agree to it. We feel that in this way we would get a control of the nursing of this city which we haven't now, and we would be better off at the end of the year, besides being free from worry about calls. We could get a lot more calls at \$2.50 to \$3.00 a day than we can at \$25 to \$30 a week or \$3.00 to \$4.00 a day.

We would like to hear from other nurses, what they think of the plan, and the objections they see to it. We are agreed that the fixed rate in

our city is a mistake, but are undecided as to whether to go on a regular salary or adopt a "sliding scale" with other regulations, as we have them now. We all pay \$2 a week for our room and twenty cents each for breakfast and supper, and thirty cents for dinner, when we are in from cases. You can see how our expenses mount up when we are idle. We would esteem it a great favor if other nurses would reply to the questions we ask.

WINIFRED SEITZ.

[It seems to us that this question resolves itself into the practical one, whether it is better in the long run for all concerned for the nurse to stick to a fixed fee, higher than most people can pay, and pay out for her board, when idle, than to adopt an elastic fee scale which will make it possible for her to keep as busy as she wants to be. If nurses would adopt this sensible custom they would not need to consider the question our correspondent has raised, of working for a fixed salary and letting the superintendent assume the responsibility of keeping her staff busy. It is absolutely certain that the rigid adherence to the fixed fee is responsible for the multiplication of half-trained or lower-grade nurses. However, it may be that the fixed fee is here to stay, but a discussion of its advantages and disadvantages should be helpful. This letter has been held over for nearly two months, owing to space being overcrowded.—ED.]

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"The Proof of the Pudding"

To the Editor of The Trained Nurse:

Recently I was fortunate enough to have a few days my own, so I visited a city in Michigan.

While there I met many good and interesting people. Not better than I knew at home, but different and with different ideas. I could not get along without my *THE TRAINED NURSE*, therefore had it forwarded.

Among the good and interesting people I met and became acquainted with was a nurse. We talked over many things. I told her I was a subscriber and constant reader of *THE TRAINED NURSE*, and was not a little surprised and chagrined when she informed me she did not read it and thought it not so good or up-to-date as another nursing journal.

The fact that she did *not read THE TRAINED NURSE* explained her peculiar declaration. I asked her to read my copy. She read while sitting in my room, an article or two, then asked to borrow the magazine and took it to her room.

A few days afterward she came to my room and said: "I found so many good and interesting

things in *THE TRAINED NURSE* that I did not bring it with me this time, but I want to ask you if I may keep it until I copy a few of the many good things which I have read."

I assured her she might keep the magazine, as long as she liked, providing it be returned to me by the end of my vacation, but added in a joking manner that I thought she did not like *THE TRAINED NURSE*.

However, about the twenty-seventh day of the following month, among the letters and papers which the postman brought in the afternoon mail was a certain blue magazine wrapped and addressed to Miss Lottie—— and a few moments later that addressee came to my room, not to tell me that she did not read *THE TRAINED NURSE*, but that she had sent in her subscription for same for one year.

FRANCES DENT GROSS, R.N.

[Such criticism as given above in nearly every case comes from one who does *not read THE TRAINED NURSE*. We wish to express our appreciation of the loyalty of our correspondent in making the merits of our magazine known.]

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Nurses and Anæsthetics

To the Editor of The Trained Nurse:

First let me say I enjoy *THE TRAINED NURSE* very much. I would like to have some opinions on the question of nurses giving anesthetics in major operations. Not long ago I was visiting in an institution and was very much surprised to find pupil nurses giving anesthetics in major operations.

C. B. M., R.N.

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From China

To the Editor of The Trained Nurse:

I find *THE TRAINED NURSE* most helpful and could not do without it. I am a trained nurse, a graduate of Bellevue, N. Y., but have lived in China twenty-four years. *THE TRAINED NURSE* has been the means of keeping me from getting too rusty to be of any use as a nurse. I am very grateful for this magazine devoted to nursing.

M. A. F.

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The workers and friends of the New York Society for the Relief of the Ruptured and Crippled are rejoicing in the completion of their new hospital at 303 to 325 East 42d Street. The hospital is one of the oldest of its class in America, dating back to 1862. The new building was opened for the inspection of the public on the 16th and 17th of December.



RURAL SCHOOL TEACHER; FIRST AID AND BANDAGING

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

The Farm School *

Miss Della Pearce, R. N., of the Farm School, St. Paul; sends us this interesting account of the emergency work as taught at the department of agriculture. The work as conducted in the University of Minnesota at the School of Agriculture is entirely new. It is also a novel form of industrial education. In 1908 the daughters of farmers in the School of Agriculture expressed a need for home nursing and emergency instruction. As a result a class of fifteen young women was organized, which met at a time not scheduled for recitation. This class soon grew to one hundred and thirty. Not all were schoolgirls, for wives of faculty members and also office girls availed themselves of this opportunity. I was obliged to make a division of the class, forming a large class for lecture work and smaller sections for demonstration. For two years we had girls during the first term of the senior year.

A regular program: In 1909 one regular school subject was dropped in order that the freshmen girls might have home nursing in its place, as the freshman class is very large and many girls never become seniors. The course in home nursing was changed to the first term of the freshman year. Six weeks of this time is given to first aids to the injured and the remaining four weeks to demonstrating home nursing. All kinds of packs and their uses, and bed making, with the patient in bed, and bed baths are taught; all kinds of bandaging and stretcher drill are included in the course.

In 1911 all the freshman boys, as well as girls, were given instruction in what they choose to call "medical practicums." At that time over five hundred students were getting a general knowledge in first aids and emergency. In that class we had two students from Peru and two from Russia, who had come here to study American customs as well as agriculture.

One of the summer schools conducted by the University of Minnesota is held at this place. Last year the rural school teachers availed themselves of this opportunity to study first aids. Also the extension division is giving two months

of the year to work in the rural districts. This year I am detailed at the department of agriculture, St. Paul, and the other summer schools have a trained nurse, and under the direction of the board of health are getting a general knowledge of first aids as taught by a trained nurse.

The subject of home nursing, covering first aids, emergency and personal hygiene, may be applied in school life. Our dormitories are under military supervision. The students' rooms must be all that a military inspector would require. The local health official is a trained nurse, and any failing in personal hygiene is reported to this nurse.

In our cold climate we have problems that, possibly, the trained nurse may be able to solve; that is, the substituting of woolen blankets for sheets and sleeping with closed windows. If some kind reader knows of a law supervised by State health board covering this nuisance, will she kindly write me?

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Navy Nurse Corps

APPOINTMENTS

Mary A. Balser, R.N., graduate of George Washington University Hospital, Washington, D. C.; Grace Beane, R.N., graduate of University of Virginia Training School, University, Va.; Mary Brooks, R.N., graduate of the Rochester General Hospital, Rochester, N. Y.; Blanche Brown, graduate of Good Samaritan Hospital, Lexington, Ky.; Mary Chewning, R.N., graduate of Georgetown University Hospital, Washington, D. C.; Margaret Haggerty, R.N., graduate of Philadelphia General Hospital; Jane G. Mooney, R.N., graduate of Hackensack Hospital, N. J.; Anna J. Naughton, R.N., graduate of St. Agnes Hospital, Philadelphia, Pa., post-graduate Municipal Hospital, Philadelphia, Pa.; Agnes M. Quinlan, R.N., graduate of Georgetown University Hospital, Washington, D.C.; Eleanore C. Smith, R.N., graduate of Jefferson Hospital, Philadelphia; Margaret S. Smylie, R.N., graduate Brownlow Hill Infirmary, Liverpool, England; Sarah Stebbins, R.N., graduate of Homeopathic Hospital, Buffalo, N. Y.; Elizabeth Steiner, R.N., graduate of Beth Israel Hospital, New York; Sadye E. Willoughby, R.N., graduate of George Washington University Hospital, Washington, D. C.

TRANSFERS

Julia T. Coonan, from Guam to Mare Island,

* See illustration page 109.

Cal.; Helena E. Hoepfner, from Washington, D. C., to Norfolk, Va.; Della V. Knight, from New York to Mare Island, Cal.; Margaret Price, from Mare Island to Guam; Jean Allen, from Annapolis, Md., to Washington; Anna I. Cole, from Annapolis, Md., to Norfolk, Va.; Katherine Doering, from Annapolis, Md., to Philadelphia; Antoinette Monteferrand, from New York to Annapolis, Md.; Mary Ridgway, from Philadelphia to Annapolis, Md.; Mary A. Rostance, from Washington, D. C., to Norfolk, Va.; Margaret Smylie, from Washington, D. C., to Norfolk, Va.; Margaret Stephenson, from Washington, D. C., to New York; Marguerite Taylor, from Norfolk, Va., to Mare Island, Cal.; Agnes G. Young, from Washington, D. C., to New York; Grace Beane, from Washington, D. C., to Norfolk, Va.; Ella A. F. Blain, from Norfolk, Va., to Philadelphia; Mary Brooks, from Washington, D. C., to Norfolk, Va.; Nellie Campbell, from Washington, D. C., to Philadelphia; Mollie Detweiler, from Washington, D. C., to Philadelphia; Nell I. Disert (Chief Nurse), from New York to Canacoo, P. I.; Mary H. Du Bose, from Chelsea, Mass. to Washington, D. C.; Susie Fitzgerald, from Canacoo, P. I., to Washington, D. C.; Nellie R. Ferrell, from Norfolk, Va., to Mare Island, Cal.; Katrina Hertzner, from Naval Hospital, Norfolk, Va., to Chelsea, Mass.; Eleanor Langstaff, from Norfolk, Va., to Mare Island, Cal.; Alice Henderson, from Washington, D. C., to Guam; Florence T. Milburn (Chief Nurse), from Naval Hospital, Canacoo, P. I., to Naval Hospital, Washington, D. C.; Mary T. O'Connell, from Mare Island, Cal., to Canacoo, P. I.; Ada M. Pendleton, from Canacoo, P. I., to Mare Island, Cal.; Elizabeth Reed, from Mare Island, Cal., to Guam; Ethel R. Swan, from Mare Island, Cal., to Canacoo, P. I.; Mary J. Anderson, from Annapolis, Md., to Mare Island, Cal.; Mary Chewning, from Washington, D. C., to Annapolis, Md.; Anne D. Cockerille, from Chelsea, Mass., to New York; Anastasia M. Cowper, from New York to Chelsea, Mass.; Margaret Haggerty, from Washington, D. C., to Norfolk, Va.; Anne Hocht, from Washington, D. C., to Norfolk, Va.; Mary L. Knudsen, from Annapolis, Md., to Mare Island, Cal.; Sara A. May, from Norfolk, Va., to Annapolis, Md.; Nell McCarthy, from Annapolis, Md., to Mare Island, Cal.; Louise M. Pitts, from New York to Annapolis, Md.; Agnes M. Quinlan, from Washington, D. C., to Annapolis, Md.

PROMOTION

Katrina Hertzner, Acting Chief Nurse, Chelsea, Mass., September 26, 1912.

HONORABLE DISCHARGE

Mary C. Nelson, August 23, 1912; Julia Fisher, September 9, 1912; Mary Palmer, October 25, 1912.

RESIGNED

Edna E. Stimpson, September 30, 1912; Laura B. Stone, September 30, 1912; Margaret S. Stephenson, October 1, 1912.

DISCHARGED

Eva B. McLaughlin, July 31, 1912.

LENAH T. HIGBEE,
Superintendent, Nurse Corps.

Spanish-American War Nurses

The publication committee of the Spanish-American War Nurses has issued a circular containing instructions on interment in Arlington National Cemetery. The text of the circular follows:

In case of an army nurse dying away from Washington the remains are consigned as follows: The superintendent, Arlington National Cemetery, Fort Myer, Virginia. The health permit is made to read accordingly, to avoid the necessity of taking out a new permit were the remains consigned to Washington.

In addition to consigning the remains to the superintendent, a telegram should be sent, addressed: "Depot Quartermaster, Washington, D. C.," giving the probable time of arrival and the train number, if it can be had.

When this is done, the remains can be met at the Union Depot with Government dead wagon and one carriage can also be supplied to convey the relatives or friends who may accompany the body from the Union Depot to the cemetery.

Advance notice should be given the depot quartermaster in order that the grave may be prepared and ready by the time the remains reach here, in case immediate interment is desired.

The above covers the general procedure for cases where nurses may die outside of Washington, but in case they may die in this city, or the immediate vicinity, the depot quartermaster should be notified, either by telephone or by some one in person, with the necessary papers to show that the deceased is entitled to burial, in which instance the superintendent of the cemetery is notified by the depot quartermaster to open the grave in the Spanish War Nurses' Section, and any detail regarding chaplain or other services at the grave is a private matter to be arranged.

In the case of burials of those dying in Washington or vicinity, the depot quartermaster does not arrange for wagon transportation, but the cost of opening and closing the grave in the cemetery in either case is without charge.



Massachusetts

A class of fifty young women graduated from the Massachusetts General Hospital Training School for Nurses, Boston, January 14. Prof. C. A. A. Winslow, of Columbia University, New York, gave an address on "Public Health." Miss Sara Parsons, superintendent of nurses, gave a report of the work of the school.

The attempted change of the present dental law, which seeks to give a nurse the privilege of "assisting a registered dentist during the performance of his dental operations," is severely denounced by the State Board of Dental Examiners in a report to Governor Foss.

An amendment to the Nurse Practice Act, which asks for an inspector of training schools, and for giving the board of nurse examiners authority to inspect all the training schools for nurses in the State, is before the legislature.

Mrs. Simeon Smythe of 5 Arbor Vitae street, was hostess for members of the Worcester City Hospital Alumnae at their annual meeting. These officers were elected: president, Miss Annie J. Newcomb; vice-president, Miss Maude E. Ridley; secretary, Mrs. M. A. Heneberry; assistant secretary, Miss Delia E. Nardi; financial secretary, Mrs. Simeon Smythe; executive committee, Miss Laura Gordon, Mrs. Frank Martin; sick committee, Mrs. George Hastings, Miss Ada E. Hiller and Miss Emma Chamberlin.

The Senior Class of the Taunton State Hospital met on January 17, to pass a resolution on the death of one of their classmates, Miss Isadora Flood, of Binghampton, N. Y., who passed away at her home, January 2, where she was called to attend her father, who was seriously ill.

In the sad death of Miss Flood the Taunton State Hospital Training School of Nursing has lost one whose ability and beautiful life would have made her work in life useful to many.

RESOLVED, That a copy of this Memorial be sent to the bereaved father and sister, and a copy be inserted in the nursing journals, as the expression of our esteem for Miss Flood's life, work and character.

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Connecticut

The regular monthly meeting of the Alumnae Association of the C. T. S., was held at 3 p. m. February 6, at the Nurses' Home on Howard Avenue, with the president, Miss Barron in the chair, and an unusually large attendance present for this time of the year. The routine business followed, with several new members admitted, and Miss M. K. Stack acting as secrotem for Mrs. Wilcox who is convalescing from several weeks illness.

Graduates and alumnae members who are away from New Haven, may be interested in the news of the consolidation of training school and hospital, under control of the latter, which was effected quite recently.

The last quarterly meeting of the Graduate Nurses' Association of Connecticut, was held in the parlors of the Second Congregational Church, Waterbury, Conn., on February 5.

Mrs. Winifred Ahn Hart presided, in the absence of Mrs. I. A. Wilcox, who was ill.

After business of importance had been transacted, the members enjoyed several fine vocal selections by Mrs. Clark, and an interesting talk on Public Health by Dr. Kilmartin of the Waterbury Health Board. Refreshments were served by the Waterbury members, and all present, voted it a most enjoyable meeting.

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New York

On January 13 a delightful dance was given in the training school parlors of the Mt. Sinai Hospital, New York, by Mr. Kalman Haas, who makes this his Christmas gift to the nurses.

Miss Rose Kaplan, Class of '94, Mt. Sinai Hospital School for Nurses, sailed for Jerusalem on steamer *Franconia*, on Saturday, January 18. Miss Kaplan has been sent out by the Society of the Daughters of Zion to organize social welfare work and district nursing, and expects to remain for two years.

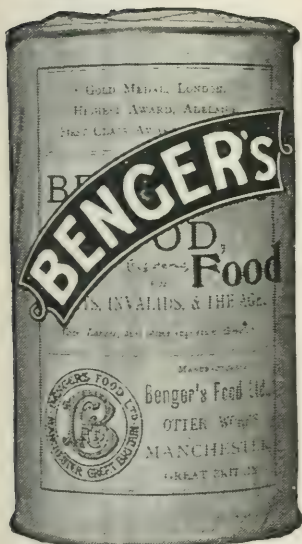
Miss Mabel Fletcher has resigned from her position as supervisor of the dispensary. Miss Fletcher has been connected with Mt. Sinai for a number of years. Miss May Slator, Class of '06, will succeed Miss Fletcher.

The graduating exercises for Class 1913 will take place on February 26.

The graduating exercises, Class of 1913, St. James Mercy Hospital Training School, Hornell, were held January 13 at the hospital building. The spacious reception rooms were tastefully decorated for the occasion with the class colors, purple and gold, ferns and cut flowers. Dr. Burtis R. Wakeman, president of the training school committee, presented the class to the staff physicians, board of managers and guests. Rev. F. J. Naughten, M.R., addressed the class in a few chosen words, upon the work they are about to take up and conferred the diplomas to the following young ladies: Misses Mary A. Lyons, Carolyn M. Koch, Mary F. Corran, Alice M. O'Donnell, Martha Wakely, Margaret H. Conway. Miss Julia A. Costello, R.N., superintendent of nurses, presented the hospital pins. Members of the staff congratulated the class upon their efficiency and with best wishes for success the entire party repaired to the dining room, where an elaborate banquet was served.

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MAX J. WALTER, M.D., Superintendent

The graduating exercises of the fifteenth class of the National Training School for Certified Nurses, Albany, were held January 17, 1913. Thirty-seven pupils received certificates. The program included music, both vocal and instrumental, addresses by Dr. H. Judson Lipes, Mrs. Edna Steitz Coons, Rev. C. F. Porter, and Hon. H. M. Schlesinger. The valedictory was given by Miss Clara Anderson, and the certificates were conferred by the president, William O. Stillman.

The press of New York State seems to be taking a very decided stand against the amendment to the Nurse Practice Act. The following quotation is from the *Utica Herald-Dispatch* of January 28:

"The bill or health law amendment is worded so that the purpose does not appear on the surface, but the fact is there and the law, if enacted, is of doubtful constitutionality, since it seeks to prevent any one but the nurses who have diplomas from hospital schools or sanatoriums using the terms 'nurse' or 'registered nurse' or 'practising as a nurse.' . . .

"The proposition that thousands of families or persons may not be able to afford to hire a hospital trained nurse, who is prohibited from taking less than \$25 a week for her services, and that physicians in charge of such cases are competent to judge of the qualifications of the nurse who has had a training outside a hospital school, and also of the financial ability of the patient, is left out of the consideration of the question. . . .

"For the most part, the physicians are interested in and connected with the hospital schools, and the nurses therein and that graduate therefrom. But this latest attempt of the hospital trained nurses, promulgated at their Utica convention, has alienated some of the best physicians here and elsewhere. . . .

"To bar all but the hospital trained nurse would be a hardship, they say, and particularly as the demand for trained nurses is so much greater than the supply many times a year, it is ungracious, selfish, unwarranted by any circumstances and conditions.

"It is evident that the hospital nurses will have some trouble in getting such a monopolistic measure through the legislature."



New Jersey

Six hundred of the relatives and friends of the seventeen young women of the Class of 1913 of the Jersey City Hospital Training School for Nurses were present January 22 in the Lincoln

High School, at the commencement exercises of the class.

Following music by an orchestra, Rev. Father William Crowley, of St. Aidan's R. C. Church, offered prayer.

Miss Estelle M. McCormack delivered the salutatory, after which Dr. H. H. Brinkerhoff in a brief speech told of the training undergone by the graduates in the duties of their calling. Dr. Brinkerhoff spoke of the urgent need of proper quarters at the hospital for the nurses, and predicted that the city would eventually provide a suitable building.

Miss Kathryn For M.an read an amusing class history, in which she had a great deal of fun with her fellow-graduates. Then Dr. F. D. Gray, of the lecturing staff of the hospital, delivered an instructive address, in which he spoke of the advance in surgery and medicine in the last fifty years, and of the beginning of the history of trained nurses from the time of Florence Nightingale. Dr. Gray spoke appreciatively of the high service given by Superintendent of Nurses, Miss Anna I. Hitz, who, after five years at the institution, would leave February 1.

The class valedictory was delivered by Miss Margaret J. Redmond. Addresses were also made by Father Crowley and Dr. J. M. Rector. Dr. Brinkerhoff presented the diplomas, after which Miss Anna I. Heitz pinned on the left breast of each graduate the emblem of the training school. Prayer by Rev. Dr. A. C. McCrea brought the exercises to a close. Dancing took up the remainder of the evening.

The seventeen graduates are: The Misses Marion O'Brien Boran, Sophia Katherine Pencak, Nan Margaret Reilly, Estelle Marie McCormack, Mabelle May Leonard, Laura Cecilia Lomas, Amelia Dorcas Neumeyer, Teresa Donegan, Kathryn Mary Foran, Rose Marie McAvoy, Clara Sophia Schaller, Catherine Lillian Dean, Esther Anna Holmes, Ethel May Phillips, Natalie Evelyn Liebenau, Margaret Jane Redmond, Freda Sadokerski.



Pennsylvania

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-in Charity Hospital was held at the hospital on Thursday afternoon, February 6, at three o'clock. The first vice-president, Miss Clara Steinmetz, presided. Twenty-two members were present. The speaker of the afternoon was Dr. Stricker Coler, a member of the hospital staff who gave a very interesting address. The new room for sick nurses is now furnished and opened for nurses of

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this school. The alumnae association donated the white enameled furniture and bed. It is hoped that many of the graduates will come and see how pretty and comfortable the room is.

The speaker for the March meeting is expected to be Dr. Oliver Hopkinson, a member of the hospital staff.

A branch of the "Drexel Biddle Bible Class" hold meetings at the hospital every Thursday evening at eight o'clock, and all nurses are invited to join us any Thursday evening meeting. Any hospital desiring to have a branch of this Bible class may send word and a representative will be sent to them.

The Nurses' Alumnae Association of the Woman's Hospital of Philadelphia held its twenty-third annual meeting at the Philadelphia Club for Graduate Nurses, 1520 Arch Street, on January 15. The treasurer's report for the year was most satisfactory.

It was decided to ask the alumnae associations to join in with us, in forming a course of lectures on parliamentary law.

The following officers were elected for 1913: President, Margaret M. Bratton, R.N.; vice-presidents, Isabella B. Close, R.N., Bertha M. Seldomridge, R.N., Lucy M. Griffith; recording secretary, Nettie W. Guthrie, R.N.; corresponding secretary, Sarah Slaughter Entwisle; treasurer, Helen F. Greaney, R.N.

We heard with sorrow of the death of Miss Anna G. Davis, Class 1893.

Several new pledges of \$1.00 for three years, for the relief fund of the American Nurse Association were made.

A private sanatorium, equipped in the most up-to-date hygienic style, has been added to the present facilities of the Pennsylvania Orthopaedic Institute, Philadelphia. Miss Mabel M. Koller, a graduate of S. R. Smith Infirmary, Staten Island, N. Y., and a post-graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, and of the Neurological Institute of New York, has been placed in charge of the new sanatorium building. Miss Emma S. Garwood, of Allenhurst, N. J., a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the hydriatic department at the Jefferson Hospital, Philadelphia. Miss Elizabeth C. Jamison, a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has been engaged to give a course in massage to the nurses in training at the Children's Homeopathic Hospital in Philadelphia, while the theoretical lectures will be given by Max J. Walter, M.D. Miss

Fannie S. Frantz, a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has again been requested to give a course in massage to the nurses in training at the Mt. Sinai Hospital, Philadelphia, while the theoretical instruction will be in the hands of Max J. Walter, M.D.



District of Columbia

The nurses' examining board of the District of Columbia will hold an examination of applicants for registration on Wednesday, May 21, 1913. Apply by mail to secretary for blanks, which must be filled in and returned by April 28, 1913.



Virginia

The Virginia State Board of Registration of Graduate Nurses held its annual meeting on January 10, 1913. According to the act approved May 14, 1903, the following notice is being published:

Requirements for Training Schools and Hospital Facilities: Section I. The training school must be connected with a hospital or sanitarium having not less than twenty (20) beds, and there must be a daily average of fifteen patients in the hospital; otherwise affiliation with other hospitals should be provided. The number of beds must be from two (2) to four (4) times the number of students in the school, depending on the character of the hospital facilities for private or ward patients.

Section II. The superintendent of the training school and her assistants must be registered nurses in the State of Virginia.

No training school should be maintained in small hospitals without at least two registered nurses being provided for teaching the nurses. One of these may be superintendent of the hospital and principal of the training school.

N. J. MINOR, R.N.,

President.

M. M. FLETCHER, R.N.,

Secretary.



Florida

The first annual convention of the State Graduate Nurses' Association was held at Jacksonville January 29, 30 and 31, at the board of trade rooms. The occasion was one of unusual interest, and the sessions were marked by brilliant addresses and the presentation of able and most instructive papers by prominent men and women.

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Q DOSAGE—The adult dose of the preparation is one teaspoonful, repeated every two hours or at longer intervals, according to the requirements of the individual case. For children of ten or more years, from one-quarter to one-half teaspoonful. For children of three or more years, from five to ten drops.

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The address of the president, Miss Mary A. Baker, was a masterpiece, and should be read by every nurse. Among the subjects presented were: The Child, Public Health Work, District Nursing, Medical Inspection of Schools, Organized Charity, Legislation, Central Directories, and many kindred subjects. The sessions were made more enjoyable by musical selections, both vocal and instrumental, and selected readings.

The social features included a tea at the Y. W. C. A. rooms, a banquet at the Seminole Hotel and a trolley ride to Ostrich Farm. All officers were re-elected, and the Association will meet again in Tampa in 1914.



Ohio

The Toledo Graduate Nurses, at their regular meeting held in the assembly room of the Y. W. C. A. on the afternoon of January 28, had the pleasure of again hearing Miss Mary E. Gladwin of Akron, O., president of the Ohio State Nurses' Association. The subject, "State Registration," being presented in a broad and comprehensive manner, explaining in full the meaning and importance of the new bill for nurses which has just been completed and will have been in the hands of the legislators at Columbus before this is published. An unusually large audience was present. Refreshments were served. The meeting, which will be a clinic, at St. Vincent's Hospital, has been postponed from February to March 4.



Michigan

The Grace Hospital Alumnae Association, held its regular meeting at the Helen Newberry Nurses' Home, Tuesday February 11, 1913. The meeting was very largely attended.

Ten new members were added to the association. Miss Victoria Ferrari has been chosen to fill the vacancy caused by Miss Humphreys (resigned) as treasurer of the association.

Resolutions on the death of Mrs. Helen H. Newberry, who for many years has been a kind and faithful friend to the nurses, were drafted, and a copy sent to the family.

The nurses were agreeably surprised to hear that the late Mrs. Helen H. Newberry, had endowed a room for graduates of the Grace Hospital Training School. It will be available about March 1.

The graduates of the Grace Hospital Training School, gave a very successful and enjoyable dance at the Knights of Columbus Hall, Tues-

day evening, January 28, 1913. There was a very large attendance, and many beautiful gowns were in evidence.

Miss Helen D. Humphreys, R.N. graduate, of the Grace Hospital, class '05, has resigned her position as night supervisor of the Grace Hospital. She will be succeeded by Miss Gertrude M. Hoch, R.N., graduate of the Sibley Memorial Hospital, Washington, D. C.

The marriage is announced of Miss Helen Darling Humphreys, R.N., graduate of the Grace Hospital Training School, class '05, to Mr. Cecil Gardner Hughes. The marriage took place Monday, February 3, 1913, at Belle Centre, Ohio. Mr. and Mrs. Hughes will reside at Jackson Center, Ohio.



Illinois

The Annie W. Durand Hospital of the Memorial Institute for Infectious Diseases, Chicago, offers post-graduate service of three to six months' duration to graduates from recognized schools. This is an endowed hospital of fifty beds, planned for contagious diseases and investigation. Regular classes, lectures and demonstrations will be given. Nurses will receive close personal supervision in the details of contagion technique. Whether preparing for private duty, institutional work, visiting nursing, school nursing, infant welfare work, health-department work, or any other nursing service; this will prove a most valuable training. For the present a monthly allowance of \$20 will be offered for the first three months, and \$25 for the last three. The superintendent is Charlotte Johnson, R.N.

The following items of nursing news are from the Michael Reese Hospital Nurses' Alumnae Association, Chicago, Ill.

Miss Eleanor Olaison and Miss Gertrude Davidson left January 15 for New York City, where they will spend a few days before sailing for Paris. The Misses Olaison and Davidson are going to take a post-graduate course in nursing at the American Hospital in Paris.

Miss Mary Kline, former night superintendent at the Michael Reese Hospital, and Mr. Charles E. Verhunce were married December 31. They will be at home after March 1.

Michael Reese Nurses' Alumnae Association elected new officers at its January meeting.

Miss Irma Tascher and Miss Nellie G. Tucker spent their Christmas vacation in Chicago with their parents and friends.

The engagement of Miss Edith Mayer, former head nurse at the Michael Reese Hospital, to

Real and Apparent Nutritive Values

While laboratory problems are readily worked out to logical and, what appear to be, convincing conclusions; clinical experience frequently modifies some of these conclusions or seems to disprove them altogether.

The reason is, perhaps, that full data are the essentials upon which to base correct findings, and such are not always, actually, though apparently, available—in the laboratory.

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But, professional accuracy of observation from a clinical standpoint, and confirmed, in an empirical way by many of the more intelligent laity, has shown in many individual cases during a decade or more, that Grape-Nuts, for some reason possibly not readily demonstrable by the mathematics of chemistry; supplies in a prompt and practical way, far more real nutritive value than the laboratory chart gives to mere Wheat and Barley.

The above is well worth looking into by the physician who is broad and scientific enough to go after the best results for his patients.

Grape-Nuts has a greater food-value than mere Wheat and Barley—even outside the acceded advantages of proper cooking. It is a concentrated food, and contains all the proximate principles necessary in the highest form of food—protein, carbohydrates, salts, etc., and its solubility makes it ready for immediate digestion.

We shall be pleased to have expressions of experience from the profession.

The "Clinical Record," for physicians' bedside use together with samples of **Instant Postum**, **Grape Nuts** and **Post Toasties** for personal and clinical examination, will be sent on request to any physician who has not yet received them.

Postum Cereal Company, Limited, Battle Creek, Michigan, U. S. A.

Dr. Monash, one of the leading surgeons of Chicago, was announced. The date of the wedding will be announced later.

Miss Florence Atwood has been appointed head nurse, to succeed Miss Edith Mayer.

Miss Theresa Brietenhirt has resigned her position as night superintendent at the German Hospital of Chicago. She is doing private duty.

A great many of the Michael Reese graduate nurses are writing the State board examination for registration of nursing.

Miss Mary Ewalt is spending the winter in Pasadena, Cal.

Miss Minnie Mark is suffering with a sprained ankle.



Examination Questions

MATERIA MEDICA

(Rating on 10 out of 12 Questions)

1. (a) Give apothecaries weight. (b) Give apothecaries measure. 2. What are anæsthetics? In what two ways are they most generally used? Give an example of each. 3. What is meant by an "idiosyncrasy" for a drug? Demonstrate with an example. 4. What are the symptoms of strychnine poisoning? 5. (a) What is the first aid treatment in carbolic acid poisoning? (b) What is the best antidote for carbolic acid? 6. Name five important rules for the giving of medicine. 7. Name two emetics easily procured in any household. 8. (a) Define emulsion. (b) Name three coal-tar products, used to reduce temperature. 9. (a) Name three drugs belonging to each of the following classes: narcotics and diaphoretics. (b) What do the following abbreviations stand for?—t. i. d., p. c., p. r. n., tr., ung., gtt. 10. (a) Give the adult doses of the following: tr. opii. camph.; tr. digitalis; tr. opium; tr. nux vomica; tr. aconite. (b) Give the average dose of castor oil, for an adult; for a child of six years. 11. (a) Why is atropine sometimes used in connection with morphine when given hypodermically? (b) What is the average dose of each usually given? 12. (a) How is the 1:20 solution of carbolic acid prepared? (b) How is corrosive sublimate (bichloride of mercury) solution 1:500, prepared?

BACTERIOLOGY

(Rating on 5 out of 8 Questions)

1. (a) Name bacteria according to shape and illustrate. (b) What are the conditions most favorable for the growth and development of bacteria? 2. (a) What is the action of the pathogenic bacteria? "Non-pathogenic?" (b) What are the most effective means of destroying bacteria? 3. Define "culture." Define "culture media." 4. (a) What precaution would you observe in obtaining a culture for examination? (b) What would you use as a stopper when wishing to keep the contents of a bottle or test-tube sterile? 5. (a) Name the several sub-divisions of the cocci, based upon their manner of grouping themselves. (b) Name four contagious diseases that are caused

by germs. 6. Name several well-known disease germs found in drinking water. How would you prevent the dissemination of the same? 7. Describe the different methods or means by which disease germs may be carried from the sick to the well. 8. In nursing a case of scarlet fever, what precautions would you take to prevent the spread of the same?

CONTAGIOUS NURSING

(Rating on 5 out of 6 Questions)

1. What is a contagious disease? 2. Name four contagious diseases, characterized by an eruption. 3. Outline the nursing care of a case of diphtheria. 4. Name four complications of scarlet fever. 5. What is meant by acquired immunity? 6. (a) How is diphtheria antitoxin obtained? (b) What is the usual prophylactic dose of antitoxin for a child of eight years?

CHILDREN'S NURSING

(Rating on 5 out of 6 Questions)

1. Outline the nursing care of a premature infant under the following headings: (a) Feeding. (b) Bathing. (c) Clothing. 2. It is stated that 50 per cent. of the children born die before they are two years of age. Name four measures which may be encouraged to reduce this large per cent. of infant mortality. 3. An order has been given for the application of ice-cold to the right eye of an infant, to be kept on continuously. Tell in full, your preparation and how you would give the treatment. 4. What instructions would you give the mother of an infant, which has just recovered from enteritis, in regard to the care and feeding? 5. How would you prepare and give a hot mustard bath to a child of eighteen months of age? 6. Give some of the causes of infantile vomiting due to improper nursing care.



Minnesota

The N. P. B. A. Training School for Nurses, at Brainerd, Minn., held its annual graduating exercises January 17, 1913, in Elks' Hall.

Five nurses were graduated—Norma Diesem, Anna Frances Smith, Myrtle Beatrice Galvin, Oleana Otdahl, Jessie S. Marguerite Johnson.

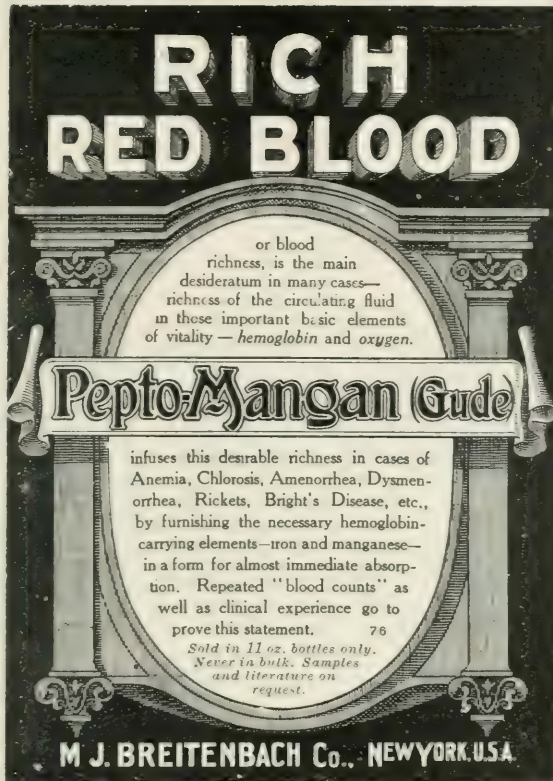
The address was given by Dr. J. A. Thabes. Three groups of songs were rendered by Maude Girault Smalley.

The hall was decorated in the school colors—red and white—and a profusion of flowers.

Following the exercises a reception was held in the Nurses' Home.

The Nurses' Alumnae Association of the N. P. B. A. Training School, Brainerd, Minn., held its annual meeting in the Nurses' Home January 18, 1913. Election of officers took place and five new members were admitted.

A banquet was given, following the meeting. Covers were laid for thirteen.



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by furnishing the necessary hemoglobin-
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in a form for almost immediate absorp-
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Chart will be sent to any Physician upon request*

A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

Montana

Miss Joan Nicholson, secretary of the Lewis and Clark Counties Graduate Nurses Association of Helena, has resumed her duties, after spending her holidays at her home at Hobson. Miss May Miller, formerly night supervisor at St. Peter's Hospital, has returned to her home at Townsend, where she will engage in private nursing. Miss Margaret Hughes, president of the Lewis and Clark Counties Graduate Nurses Association, has gone to Chicago, Ill., with a patient. Miss Minnie Lambert, superintendent of the People's Hospital, is taking an extended vacation in Maine; her place is being filled by Miss Kate Paddybury. Miss Ellen Deegan, who has been seriously ill at St. Johns Hospital, has recovered and is again on duty. ✚

Nebraska

The commencement exercises of the Training School for Nurses of the State Hospital for Insane, Lincoln, were held Tuesday evening, January 21. An interesting program was opened with music by Wall's Orchestra, which rendered selections throughout the evening, including vocal and violin solo by Mrs. Tobey and Miss Cindberg. The invocation was given by Dr. F. A. Stuff, followed by an address by Dr. B. F. Bailey, of Green Gables.

Symposium: "Our Hospital," by Dr. Clarence Emerson; "Our Training School," by Dr. Hallie L. Ewing; "Our State," by Dr. L. B. Pilsbury.

The diplomas were presented by the superintendent of the hospital, Dr. B. F. Williams.

A reception and refreshments followed the exercises.

The graduates are: Elizabeth Ruth Coen, Ella Elizabeth Grubbs, Ora Bessie Handy, Isabell Hanna, Louretta May Hurst, Gertrude Janet Marcy, Catherine Reynolds, Otto James Smith, Anna Belle Tobiska, Charles Edward Zigler. The class colors were blue and white. The superintendent of nurses is Miss Ruth Swann, R.N.



Marriages

On October 3, 1912, at Portland, Oregon, Miss Myrtle Swain to Mr. J. M. Young. Mrs. Young is a graduate of St. Bernard's Hotel Dieu Training School, Chicago, Ill., Class of 1908, and held a position in the Homestake Mining County Hospital, of Lead, So. Dak., for two years. Mr. and Mrs. Young are making their home at Waterman, Cal.

On October 3, 1912, Elizabeth Winifred Moir, of Mount Valley, New Brunswick, Canada, to

Dr. Thomas Joseph Hewitt, of Montreal, Canada. Mrs. Hewitt is a graduate of the William W. Backus Hospital, Norwich, Conn., Class of 1906.

On December 8, 1912, at Little Rock, Ark., Miss Violet Finley, Class of 1911, St. Vincent's Hospital Training School, to Mr. Sanford Stewart of Chicago, Ill. Mr. and Mrs. Stewart will reside in Chicago. ✚

Births

On January 8, 1913, at Norwich, Conn., a son, Edward Thomas, to Dr. and Mrs. Edward J. Brophy. Mrs. Brophy is a graduate of the William W. Backus Hospital, Norwich, Conn., Class of 1906.

On November 20, 1912, at Barea, Kentucky, to Mr. and Mrs. John Henry, a son. Mrs. Henry before her marriage was Miss Linna Johnson, graduate of Barea Hospital, Kentucky.



Personal

Miss Elizabeth Brown, nurse, Class of 1900, Harper Hospital, Detroit, is leaving the General Hospital, Moosonin, Saskatchewan, Canada, after a four and a half years' service as superintendent. She will resume private nursing in New York City, where she previously spent six years.

Mrs. Marguerite Due Wayne, of Cincinnati, Ohio, and a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has gone to Houston, Texas, to engage in the practice of mechanotherapy.

Miss Anna M. Barr, of Kansas City, Mo., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been requested to give instruction in massage and gymnastics at the General Hospital and Red Cross Hospital, of Kansas City, Mo.

Miss Marie Johnson, the head night supervisor of the St. Peter Minnesota State Hospital, has resigned and is taking her departure for her home, which is at Taope, Minnesota, for a two months rest. She will then go to Los Angeles, Cal., to take up a post-graduate course at the California Hospital.

Miss Nell M. Gould, who for the past three years has been head nurse at the Phipps Dispensary of Johns Hopkins Hospital, Baltimore, has resigned her position, and is succeeded by Miss Alice Donaldson, who has been Miss Gould's assistant.

Intractable Coughs and Colds

—owing their prolongation to constitutional or systemic weakness
—are usually bound to continue until the nutrition and vitality of the whole body are substantially improved. The well-known capacity of

GRAY'S GLYCERINE TONIC COMP.

to spur physiologic processes, promote functional activity and restore the nutritional tone of the whole organism, readily accounts for the benefits that promptly follow its use in all affections of the respiratory tract.

¶ When local remedies fail, or at best give but temporary relief, "Gray's" can be relied upon to so reinforce the natural protective and restorative forces of the body that even the most persistent catarrhal diseases are quickly controlled and overcome.

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To the Surgical Nurse

Unless you have perfect conditions you cannot be sure that your dressings are all right. Would it not be a great comfort to see a melted tablet that assured you at a glance of the proper treatment of your dressings?

The device which accomplishes this result is the Diack Sterilizer Control; it consists of a hermetically sealed glass tube in which is a small tablet. This tablet is of a definite shape and is freely movable in the tube. Also, it is of a definite color.

This tablet has a fixed melting point corresponding to the temperature of complete sterilization. This is absolutely invariable. When subjected to this temperature it begins to fuse on the side next to the container, but owing to its low heat conductivity the application of the heat has to be continued for thirty minutes before complete fusion has been accomplished.

Send for further particulars to Archibald W. Diack, 49 Larned Street West, Detroit, Mich.



Invalid Feeding

Invalid feeding is an important part of the nurse's work, and anything that makes this easier or more effective must necessarily interest her. An invalid's food should be (1) easily digestible, (2) highly nourishing, and (3) quickly assimilable. A Mellin's Food diet meets all of these requirements. Not only is Mellin's Food itself perfectly digestible and very nourishing, but when it is added to milk it softens the curd of the milk, thus increasing its digestibility and adding to its nutritive value. This is a decided advantage, for it enables one to take a larger amount of milk than otherwise and with less tax upon the digestive organs. Many invalids who have difficulty in digesting milk alone find that by the addition of Mellin's Food they can take as much milk as desired and digest it perfectly, thus proving decisively the value of Mellin's Food in such cases.



Nurses' Hands

Your hands require constant attention to keep them in the right condition. Constant washing

and cleansing is bound to crack and break the skin, unless you treat it daily with Daggett & Ramsdell's Perfect Cold Cream. It has been found to be very fine for keeping the hands soft and white. Send for a free sample and try it. These manufacturers are located at 314 West 14th Street.



A Severe Burn

My first use of Antiphlogistine in burns and scalds was accidental. I was called by telephone to Mr. J. T., aged twenty-seven, weight 180 pounds, brickmaker, a steampipe having exploded between his legs, scalding him badly. I ordered that no grease of any kind be used, but that cloths soaked in a strong solution of bi-carbonate of soda should be laid on the parts till I could get there. I stopped at a drug store to procure another salve I had used in such cases, and by mistake the clerk gave me two boxes of Antiphlogistine. When I reached my patient I found him suffering intensely, with a big blister extending from the crotch to the ankle on the inner side of both legs, at least three inches wide, and surrounded by a red inflamed surface two inches wide on each side.

I had used Antiphlogistine before in pneumonia and in sprains, so when I found that by mistake this had been sent I decided to try it. I covered the entire injured parts with a thick layer of Antiphlogistine (applied cold), put absorbent cotton over all, and, after bandaging loosely to keep things in place, took Mr. T. home in my buggy. When I first saw him his face was contorted with pain and he could not suppress the groans that the agony wrung from him, but, as I covered more and more of the burnt surface with the dressing, I could see the expression of pain leaving his face. I gave him some medicine to relieve pain and when I called again that evening I found he had not touched the anodyne. I asked him why he had not touched his medicine. "Well, doctor," he said, "you told me to take that every two hours while I was in pain, and I have not had any pain."

The next day I let him leave his room and in three days he was back at work. I did not touch

In the Maternity Ward

or in the HOME there is none "just as good" as

MENNEN'S BORATED TALCUM TOILET POWDER

None as pure and safe for "Mother's Baby" or "Baby's Mother."

Physicians and Trained Nurses, and thoughtful Mothers everywhere give the preference to **Mennen's** above all others.

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Mennen's not only **smooths**, but **soothes** the skin; not only **hides**, but **heals** the raw, or roughened surfaces.

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is as perfect as **Experience** and **Science** can make it.

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's Sample Box for 4c. Stamp



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In Scarlet Fever and Measles

there is no procedure that will contribute so markedly to a patient's comfort and well-being and at the same time prove so serviceable from prophylactic standpoints, as anointing the whole body at frequent intervals with

K-Y Lubricating Jelly

Itching and irritation are relieved at once, and while the activity of the skin is maintained, the dissemination of infectious material is also prevented. So notable are the benefits that result from the use of this non-greasy, water-soluble and delightfully clean product that its use has become a matter of routine in the practise of many physicians.

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the dressing for five days, and when I took it off the parts had healed entirely.

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Chase Hospital Doll

Our readers will find in our advertising columns a new and much needed article for Nurses' Training Schools, the Chase Hospital Doll.

While only a short time on the market, it has been already added to the equipment of many leading schools, and orders are booked for many more. It has proved to be of great value to the student nurses, and to their instructors, as it so fully obviates the difficulties of obtaining and using a living subject in teaching the handling of patients, bandaging, bathing, manipulations incident to the use of syringes, catheters, etc.

A circular with description will be sent on application to the manufacturer, M. J. Chase, 24 Park Place, Pawtucket, R. I.



Protein in Feeding the Sick

It is well known that protein is the all-important constituent of food for the sick as well as for the well, yet it is imperative in the acute diseases to exhibit the food in liquid form only. There is a growing sentiment among many physicians against milk as the staple, several distinguished practitioners having discarded it altogether. Other physicians find themselves forced to find substitutes for milk in individual cases, for not infrequently it is rejected, or causes grave gastric or intestinal complications. Whether your physician has discarded milk *in toto* or interdicts its use only here and there, you have more than an efficient substitute in Sanatogen, a food tonic of 95 per cent. protein value, the remaining 5 per cent. being sodium glycerophosphate in chemical union with the Protein. Send for a free sample can of Sanatogen to the Bauer Chemical Company, 30 Irving Place, New York, and prepare it quickly after the manner of cocoa, when you will find that it ultimately meets all dietetic requirements, being in itself able to support life and resisting power in an extreme emergency. Sanatogen is, however, best when alternated with other suitable articles for the sick, and its phosphorus, offered in a perfectly assimilable form, constitutes *par excellence* the nourishing agent for the brain and nervous system generally, while the food tonic as a whole improves notably the phagocytic powers of the blood. Experience shows, moreover, that Sanatogen paves the way for the reception of a fuller diet.

Important Notice to Nurses

It is hereby announced that the course of instruction in the Swedish System of Massage and Gymnastics at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, will be extended from a three months' to a four months' course, beginning with the fall term of September 23, 1913. There will be no changes in the courses of electro- and hydro-therapy. Nurses who desire to avail themselves of the present low rate and short duration of three months instead of four months, may apply for admission to the following three classes: Second section of the winter class, opening March 12, 1913; spring class, May 15, 1913, and the summer class, July 9, 1913. No applicant will be admitted after these classes at the present rate and length of term. For further particulars and 56-page prospectus with 46 illustrations, apply to superintendent.

An early application on account of the limited number of vacancies is advisable.

MAX J. WALTER, M.D.,
Superintendent.



Cactus Grandiflorus

Thirty thousand physicians, graduates of all schools, were recently asked their opinions as to the vegetable remedies of greatest value in their practice. Of the 10,000 responses Cactus Grandiflorus received 6,239 votes (Journ. Am. Pharm. Assoc.). It was mentioned oftener than any other drug, official or non-official. This reminds us of Cactina Pillets, which were introduced to the pharmaceutical and medical professions in 1889 by Mr. Sultan, of the Sultan Drug Company. This is the original definite product of cactus, presenting the drug in a constant and reliable form, and the thousands of physicians who have used it in their practice for the past twenty-four years have attested to its undoubted value as a cardiac remedy of great usefulness in the treatment of functional heart troubles. As the makers of Cactina Pillets have consistently advertised this product in the legitimate medical press, it would seem that their great faith in the drug is now justified in an ample manner.



School of Medical Gymnastics and Massage

This season seems exceptionally active at above-mentioned school.

The students are at present treating patients at seven clinics in New York, and the graduates carry on the work at probably a dozen other clinics. Lecture courses from three physicians,

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, has extended and enlarged the scope of this teaching and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course average over ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

Instruction both theoretical and practical is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately. Lectures by Dr. H. P. Boyer.

This course lasts four months, and the fee is \$25.

Examinations both practical and theoretical are required at the end of both courses.

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of *Glyco-Thymoline*. It stands
on its merits.

Mention this magazine
KRESS & OWEN COMPANY
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besides special classes in medical gymnastics from the new Norwegian instructor give additional interest to the pupils taking the course. The course in first aid to the injured is exceptionally well attended this year. Many different nationalities are represented among the students, but the Scandinavians seem to take up the work of manual therapy more readily than other nationalities, and they are successful beyond expectation.

For any further information about the school apply to registrar's office at School of Medical Gymnastics and Massage at 61 East 86th Street, New York, N. Y.



Satisfaction Too Great to Express in Moderate Terms

It is conceded by all who have ever used the "Storm Binder" that it has no peer. The average physician who has tried with indifferent success one supporter after another, with the usual objections and complaints, feels a degree of satisfaction rather difficult to express in moderate terms when his patients, with one accord, rise up and call the Storm Binder blessed, and assert they could not live without it. The fame of this "supporter which supports" has extended from coast to coast, and foreign orders are becoming greater each month. This journal particularly rejoices in Dr. Katherine Storm's great success, inasmuch as she is a well-known woman physician and a graduate of the Woman's Medical College of Pennsylvania.—The Woman's Medical Journal, November, 1912.



Claims Justified

In order to convince the readers of THE TRAINED NURSE that the claims made for Oxynoleum Unguent are founded on actual case reports, we quote the following as one of many representative cases:

"Some time ago you sent me by request a sample of Oxynoleum. I have used it as a dressing on my father's leg, as he has been suffering from an ulcer for four and one-half years. Since using this ointment the ulcer has nearly healed, the swelling gone down, and the eczematous condition has disappeared. I cannot speak in terms high enough to express my gratitude for having tried Oxynoleum. I am a professional nurse."

To any nurse who has not tried this ointment a liberal sample will be sent upon application to the Bioplasm Mfg. Co., 91 John Street, New York City. Prove it out for yourself.

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Miss Julia A. Lawler, R.N., of Trenton, N. J., writes as follows:

"Since writing for illustrated folder I have purchased at a local store several of "Dix-Make" white uniforms, No. 666, and found them perfect in every way.—I am enclosing a list of nurses who may be also interested.

"I have no objection in your having this letter quoted, and am only too glad to have an opportunity of convincing other nurses that "Dix-Make" uniforms are everything they are represented to be."

Such unsolicited testimonials are gratifying, of course, and the Messrs. Dix will continue to use their best efforts in the manufacture of nurses' uniforms. Their garments are already famous for perfect workmanship, fit and materials, and can be had in all sizes, ready for wear, in every city.



Grape-Nuts

The simple dietary that is, at the same time, highly nutritious, is an essential to modern treatment—especially in the convalescent period. The problem is to secure the most nourishment for the patient at the least expenditure of bodily energy. The digestive and assimilative organs, being, as a rule, weakened by the processes of disease, not only are not capable of their wonted work, but require, themselves, prompt nourishment.

Grape-Nuts, made of whole wheat and barley, is famous among physicians and nurses as probably the most available food, in the above circumstances, being readily absorbed (after the necessary thorough mastication) and supplying all the nourishment of these great cereals, including the "vital" phosphates.

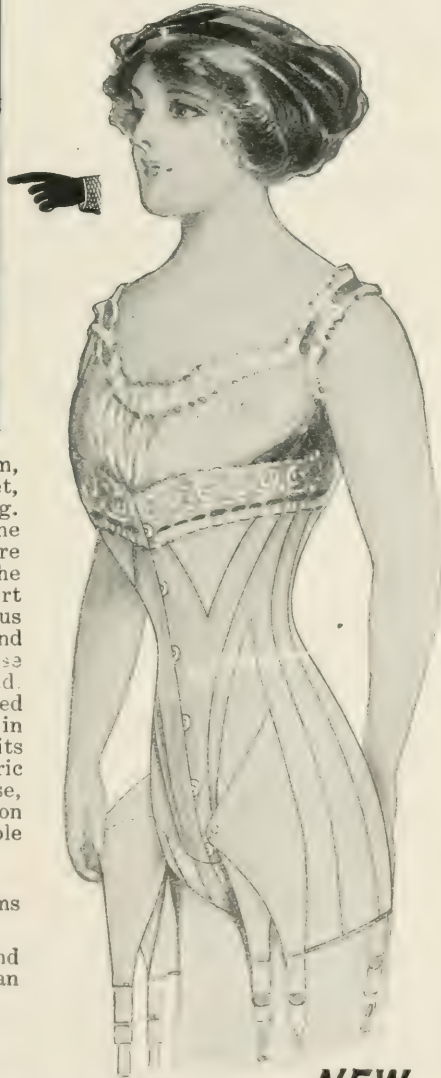


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There is nothing that will remove a tendency to colds (nasal catarrhs, bronchitis, laryngitis) more quickly and satisfactorily than a course of treatment with Gray's Glycerine Tonic Comp. Its effect is not only to promote reconstructive metabolism and thus enable the whole body to better withstand disease, but in addition it imparts a local effect to the respiratory structures that unquestionably increases the local resistance to bacterial invasion. One thing is certain, cases of the ordinary respiratory diseases not infrequently prove intractable to all treatment until Gray's Glycerine Tonic Comp. is administered. Experience has proven this, and there are count-



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A splendid *style* corset that also performs a valuable surgical service.

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LASTIKOPS BANDLET
SELF-REDUCING

less physicians who use this dependable tonic exclusively for clearing up their cases of pharyngitis, laryngitis, bronchitis and allied conditions.



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Wyandotte Sanitary Cleaner and Cleanser used with hot—not boiling—water, will clean and brighten instruments without the slightest injury to the steel or its temper. It frees them from all films and coatings, so that the final dip into an antiseptic solution renders them perfectly safe and sterile. Protracted boiling will also sterilize instruments, but such high temperature often draws the temper of knives and destroys their fine edge.



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The Liederbach Company, 343 Third Avenue, New York, are making glasses for nurses in several of the big hospitals here. They make a special rate to the profession, and if you already have a prescription that suits your eyes, they will fill it accurately and quickly.

If your eyes trouble you and you have not yet worn glasses, they have all the latest appliances for testing the eyes and fitting glasses.

Many nurses suffer from nervousness caused by eye strain. Get the correct glasses properly adjusted and the trouble disappears. The office is open from 8 A.M. to 8 P.M., and Sundays by appointment.



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In preparing Horlick's Malted Milk, sufficient of the powder should be used to bring out its distinctive body and flavor. About two heaping tablespoonfuls should be dissolved in the ordinary cup or glass of water. The powder is first made into a thin, uniform paste with a little warm water, and then stirred briskly while the additional water is added, resulting in a perfect solution.



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Hospital superintendents—have you ordered the diplomas for your graduating class? If not, send to Ames & Rollinson, 203 Broadway, New

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Send to them for prices and designs.



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Barley water made from Robinson "Patent" Barley is invaluable in typhoid fever. The action of barley in the human body, especially when mixed with milk, is such as promotes normal assimilation of milk food. In typhoid fever where patients cannot digest pure milk, equal parts of milk and barley-water is the most satisfactory food from the beginning to the end of the disease.

See advertisement in this issue for address of firm carrying this splendidly useful preparation.



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Dainty colors are so frequently used at banquets and at the leading hotels and cafés for coloring ices and meringues, ice creams and water ices that the use of colors in home cooking for producing dainty and artistic effects is rapidly becoming popular. We have six charming colors: berry blue, plum purple, lemon yellow, grape green, raspberry red and orange gold. They are harmless, strong and pure. The Junket Colors are put up in one-ounce bottle at 10c. each; by mail, 15c.; packed six in a container, assorted or single as desired.



Cresco Flour

"Cresco Flour" is made from a small per cent. of the very best wheat obtainable, selected with special reference to the quality and component parts of the gluten and other elements it contains, carefully and skillfully extracted and combined, by our own peculiar methods.

We aim to make it in such a way that the process of converting into bread, biscuit, gems, griddle cakes, etc., shall so act upon the properties of the wheat kernel contained in it as to render it a valuable article of diet for sufferers from acid dyspepsia, indigestion, debility, obesity, kidney and liver troubles, including mild form of glycosuria.



Wonderfully Refreshing

When overcome by prolonged mental or physical strain there is nothing like Horsford's Acid Phosphate to revive the drooping spirits.

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the intimate relation that exists between the condition of the scalp and the health and appearance of the hair. Inquiry will show as a consequence that many nurses make a practice of shampooing regularly with

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The systematic use of this pure, pine-tar soap not only assures a delightfully refreshing scalp cleanliness, but through the resulting stimulation of the scalp circulation contributes most substantially to the health, vitality and lustre of the hair.

For over forty years **Packer's Tar Soap** has been widely recognized by leading medical men as the standard tar soap.

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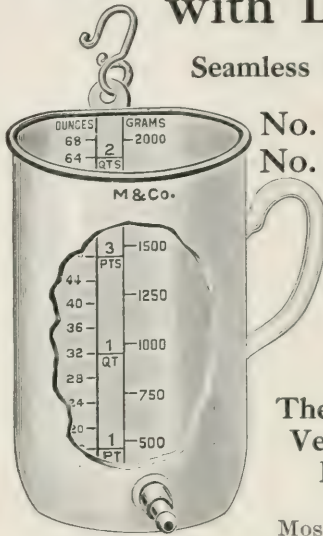
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Improved Irrigator Reservoirs with Detachable Spouts

Seamless White Enameled Steel Ware

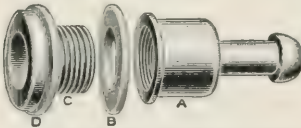


No. 2257 with Hard Rubber Spout
No. 2258 with Nickeled Metal Spout

Made in Two Sizes—
2 Quarts and 4 Quarts
and
Graduated in Grams,
Ounces, Pints and Quarts

**The Graduations Make these Irrigators
Very Useful for Proctoclysis or Saline
Injections by the Drop Method**

Patent Applied For



This illustration shows the Detachable Spout, each of which is fitted with two rubber washers. The washer D with the screw thread C fits in from the inside of the Irrigator, after which the washer B is put over the screw thread C, and the Spout A screws on to C, thus giving a tight closure.

Most of the old style Irrigators get chipped and broken on the spout. This is their weak spot, and once an Irrigator leaks at the spout, it becomes absolutely useless and has to be thrown away.

With our Improved Irrigator Reservoirs this is not so. In place of the stationary spouts we have Detachable Spouts made of either hard rubber or nickel-plated metal. These spouts can be replaced at a small cost should they become damaged, and it is not necessary to replace the whole Irrigator as it is with the old style.

In addition to having Detachable Spouts, these Irrigators are graduated in grams, ounces, pints and quarts, and as a result they are very useful for Proctoclysis or Saline Injections by the Drop Method. With these graduations it is easy to gauge the quantity of salt solution to be given a patient, and it is also easy to calculate how much of the solution a patient is able to absorb within a given time.

Other features about these Irrigators are the side handle, which facilitates carrying, and the nickel-plated hook, for hanging the Irrigator on the head of the bed, or on an Irrigator stand.

Always specify whether No. 2257 with Hard Rubber Spout or No. 2258 with Metal Spout is wanted. We recommend the latter.

Prices on Application

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Our Debt to the Community*

CHARLES STOVER, M.D.

ON OCCASIONS like this, it is customary to recite the deeds of courage and heroism of the nurses who have won renown on the field of battle or in the military camp. Their acts of devotion thrill our hearts, and the beatification of the heroic nurse results. In some way our education has inclined us to associate bravery and glory with battle and carnage. The biblical narrative gives us a bias in this direction, and the armed camps of warriors in some part of the world perpetually clashing at arms, prolongs the human interest in warfare and heroic valor. No doubt, also, in most of us there remains a vestige of the primitive man, who survived only because he fought and killed.

Just at this time, when Europe is passing through one of these recurring convulsions of conquest, it is of interest to remember that it is within the period of the lives of some in this audience that Florence Nightingale organized the first nursing corps of women to go on to the field of battle. During the Crimean War in 1854 the secretary of war for England sought her services, and a band of forty-eight nurses, followed soon by fifty more, responded to her call. While in Turkey, history is repeating itself in this ever recurring racial conflict that periodically changes the map of Europe, as if the religion

that St. Paul preached nineteen hundred years ago over these same battle-scarred hills and valleys had never been heard of, there is presented in strong contrast the quiet march of the Red Cross Army, organized and equipped, not for wreck and ruin, but for the saving of life on the self-same soil where fifty-eight years ago Florence Nightingale glorified her sex and her calling by her wonderful genius and devotion. In our own country, during the Civil War, there were women who distinguished themselves as nurses, among them one from Amsterdam, who recently passed to her reward. During the Spanish War the nurse training schools all over the land sent representatives in response to the call of the surgeon-general.

No doubt, if war clouds again hover over the United States, thousands and thousands of women will be just as ready to enter the field as nurses, as men will be to enlist as soldiers.

But let us remember that "peace hath her victories, no less renowned than war." In all probability you will handle more pellets than bullets. The din of battle may never resound in your ears. You may never have the chance distinction of nursing an ex-president. Yet the commonplace of everyday life will equally test your courage and show of what stuff you are made. The bat-

*Address to the Graduating Class of Nurses of the Amsterdam, New York, Hospital.

tle is on from the start to the finish. You will constantly find before you the everlasting conflict between self-interest and self-denial, between getting out of your case all you can and putting into your case all you can.

Every person educated in a public institution—that is, in our schools, colleges, hospitals, etc., is in some degree morally bound to render to the community some service in return for the education or training received, for even if fees are paid to the school or college, they are but a fractional part of the expense involved. An appreciation of this led Lord Bacon, in his “Maxim of the Law,” to say: “I hold every man a debtor to his profession; from the which, as men, of course, do seek to receive countenance and profit, so ought they of duty to endeavor themselves, by way of amends, to be a help and ornament thereto.” You are especially trained in the laws of hygiene and the practice of sanitation, you have been taught the value of foods and diet, the proper selection of clothing, the practice of economy in the families of the rich and of the poor. You will carry your learning into the homes of our citizens, and touch different classes, many races, many conditions, in infancy, youth, middle and old age. Therefore, your training and your opportunity make it possible for you to render special service to others, and to do something for your generation in the solution of the vexing problems of social life. It is not my present purpose to outline all your opportunities for social service—that might need a volume in itself—but there is one that looms up so large that I am inclined to present it for your future consideration. I believe it has thus far failed to receive from the vocation of nurses the recognition to which it is entitled; more than that, a large part of our population is neglected and suffering because the problem remains unsolved. I refer to the nursing of the middle class and the poor. Let me explain what is meant by the use of the term “middle class.” It is not

used in any invidious sense, but as a convenience. We all understand what is meant by the poor and the rich, but between these are the poor-rich, the rich-poor, the Lord's poor, the proud poor and other kinds of poor that are not soliciting alms; to the contrary, they seek to help themselves, so far as they are able; their incomes are fixed, not elastic, they indulge in no luxuries, and often with difficulty secure their necessities. When illness comes they are obliged to incur sacrifices or debt, or perhaps both. It is here that you may have displayed the highest types of courage and heroism that no nurse nor doctor can rival. Now, let me ask, what chance of good nursing have these people, who are of the productive class, contributing to the public wealth when well, and drawing upon it when sick or injured? From whatever viewpoint you look at it, health is constructive, illness destructive; the one leads toward wealth, the other toward poverty. From the physician's standpoint it requires the highest type of nursing to overcome the handicaps of poverty; from the taxpayer's point of view, the nursing that will change a dependent into a producer in the shortest time is the most economical; therefore, both on the ground of humanity and of economy, there ought to be no lowering of the standards of nursing. Whether as an individual your sympathies lead you to this conclusion or not, collectively to this end we must arrive, for society is such a complex structure that you cannot injure one part of it without the remainder of it being affected; therefore, for its own welfare, the body politic must protect all of its component numbers.

Inasmuch as physicians have always included in their practice the gratuitous care of the poor by individual or collective methods, it has seemed to us that what a nurse cannot do as an individual might be accomplished by an organization of nurses. No one expects that nurses are to work without pay, but the superior knowledge of all the

details relating to this situation that are possessed by nurses ought to make them authorities to advise a satisfactory system for the nursing of the poor and middle class. A modern Nightingale is needed to organize a service that may do for our social life what has been so successfully evolved in military warfare. I do not know that so far any such interest has aroused the New York State Nurses' Association that has been in existence for the last ten years, and which you should join. It is only by concerted effort that you will achieve the best results. In proportion as associations are wisely administered for the common good, and not exploited for personal preferment, they attain their highest usefulness. But you need not wait for the indefinite future to evolve a plan of action. Why might there not be a co-operation of the local group of nurses and the Ladies' Auxiliary of the City Hospital for the systematic care of those unable to pay the usual fee for home nursing, the essentials for success depending upon:

First, the willingness on the part of the patient to be helped in part or in whole; secondly, the financial aid of the Ladies' Auxiliary, and, thirdly, the willingness of the nurses to render service of this kind.

If something of this kind is not done, it may properly be said that the hospital training school that is supported by the nickels from flag days, suppers and varied entertainment is not giving to the public all the return that is possible. Only 10 to 20 per cent. of nursing is done in hospitals, and that limited portion is largely of a special kind. So long as homes exist, the major part of nursing must be done there.

The demand for home nursing at moderate rates has become so great that schools giving certificates for short term studies have multiplied, and very many women with natural endowment, or good domestic experience, have applied themselves to this work. They have become indispensable, and yet a large part of the community is

unprovided with the nursing that is needed.

The district nurses are doing something to relieve the situation, but none know better than they do that the "touch and go" plan leaves much to be done for the relief of suffering continued through the weary hours of the day and night. Some day this problem is going to be worked out to the satisfaction of the whole community. What I hope for at the present time is that the rapidly growing army of nurses, appreciating its opportunity, will take an important place in this advance movement. Because of them much has been given, from them much may be required. One of my medical friends once said that a nurse had remarked while she was in attendance upon a most exacting and exasperating case, that the patient's friends expected her to be a judicious blend of an angel, a horse and a steam crane; another physician has likened a trained nurse to a verb, because a verb is to be, to do and to suffer. No vocation has been more idealized than that of nursing, none has a higher plane of action outside the ties of kinship, none is brought so intimately into social and domestic life, none touches the individual more closely. All these associations rest upon a ministry of sympathy, of helpfulness, of service. Its spirit is not of "dumb cattle driven," but rather a spirit engendered by an appreciation of the dignity of labor and of the joy in doing one's duty.

In the language of George Herbert:

"A servant with this clause makes drudgery
divine—

Who sweeps a room as by the laws
Makes that and the action fine."

It is related of Saint Philip Neri, sent by the Pope to investigate the reputed miracles of a nun, that when he appeared at the convent, and was ushered in, he asked her to wash his feet. She evaded him with a haughty air, and St. Philip said: "There are no miracles, for there is no humility."

Operating Room Economy*

ASA BACON

Superintendent Presbyterian Hospital, Chicago, Ill.

IN TAKING up the question of "economy in the operating room," I am sure you will agree with me that it is one of the difficult problems in hospital administration, and that you will sympathize with me in the attempt to give some information or suggestions that may be helpful.

It is the duty of the superintendent in the first place, to co-operate with the surgeons and nursing staff so as to bring about proper team work, as well as to provide suitable instruments, supplies, etc., so that the best possible results for the patient may be secured. He must necessarily exercise great care in the purchase of proper supplies and in the providing of suitable assistants for the surgeon—an extremely difficult task in a hospital that has a large staff, and especially where the service is alternating. However, as superintendents, your first ambition should be the acquisition of knowledge pertaining to your business. This can be best gained by keeping in close touch with your staff, by keeping accurate accounts so as to know the exact condition of your affairs and by examining carefully every detail of the work of your hospital.

Managing a hospital is largely a business proposition, just as is managing a hotel, department store, or any other business. The fact that most of our hospitals are partly or wholly financed by a kind and generous public, contributing for the purpose of charity, makes the superintendents' position all the more a keen business proposition, for the money so contributed is as it were, "trust funds" and every penny should be carefully expended.

This brings us up to the subject of buying, which is perhaps the most important. Mod-

ern surgery demands many items that were not thought of a few years ago. One of the largest items is Rubber Gloves.

RUBBER GLOVES

The purchase of these has proven the rock that many of our hospital supply firms, as well as others, have wrecked their ship on, and the result is that the hospitals have been heavy losers, owing to loading up with cheap gloves. There is no rule that I can suggest that will assist you in the purchasing of gloves. There are many grades and forms; each surgeon has his peculiar touch to consider, so it remains almost entirely with the judgment of the purchaser. It is a fact, however, that very few superintendents know how rubber gloves are made, and as this is such an important item of expense, and as there are so many poor gloves on the market, I shall, as a matter of information, tell you in as few words as possible how one of our leading manufacturers makes gloves.

The best gloves are made from pure Para rubber. This is the very finest brand of crude rubber known. The rubber is the sap of the Hevea tree, carefully gathered, and kept as free as possible from dirt.

After the sap, which is the color of milk, and about the consistency of syrup, is collected in vessels, a paddle is thrust into the vessel and twisted and turned over a fire made of Brazil nuts, which gives out a thick black smoke and has the effect of thickening and coagulating the gum. After a large lump, weighing from 50 to 60 pounds, is made in this way, it is ready to ship in boats down the Amazon River to the sea coast, where it is loaded on vessels and shipped to England. It is then reshipped to the United States.

After it is received by the rubber manu-

*A paper read before the American Hospital Association.

facturer, who has to pay at the present time about \$1.15 per pound, it goes through many processes which add considerably to the price per pound of the crude material. It is first cut in pieces and put through corrugated rolls, over which a stream of water is played continuously. This grinder crushes the gum and washes all the sand, wood and other foreign substances out of it, and rolls it out in thin sheets.

It must then be hung up in a hot room for from three to six weeks to dry. This drying of course, is accompanied by considerable shrinkage. One hundred pounds placed in a drying room will shrink approximately 20 per cent. After drying, the rubber is returned to the milling room where it is put through smooth heated rolls. This softens the gum and is called the refining process. After refining, it is again rolled out in sheets about $\frac{1}{4}$ of an inch thick. It is then cut in small pieces and put in a revolving tank containing naphtha. The naphtha gradually dissolves the rubber until the whole is a mass about the consistency of molasses. It is then run into another tank where it stands for twenty-four hours to allow all the air to come out of it.

The gum is now ready for the dipping process. A rack is suspended over the tank containing the gum. The rack holds many forms molded in porcelain the shape of the hand. These porcelain forms are very expensive. The rack containing the forms is then carefully lowered into the tank for a few seconds, and when drawn out, the gum adheres to the form. This process has to be repeated many times, with sufficient time between the dips to allow each coat to dry.

After the dipping is finished, enough of the rubber having adhered to the forms to make the glove the required thickness, the rack is wheeled into another room and the wrist band put on. It is then ready for the curing or cooking. This is the most important part of the whole process, as the finest

material may be ruined by a few minutes extra time in the curing.

The racks containing the gloves are placed in a specially constructed oven, in which vapor produced by sulphuric acid and other chemicals, is forced in and out by means of compressed air. After the gloves are cured, the racks are removed from the oven, the gloves are stripped from the porcelain forms, dusted to prevent sticking together, glycerined, and packed ready for the surgeon's use.

Surgeons' gloves are made in light, medium and heavy weights.

Only a rubber expert can tell at sight what grade of material is used. You can see how easy it is in the manufacture to use a substitute for rubber thus producing a cheap glove that deceives many a superintendent. Or the gloves may be cooked too long, thus becoming seconds, or the wrist bands may be imperfect so the glove will tear easily when putting it on. I would suggest that you insist on boiling a sample of gloves before purchasing, unless they are guaranteed. This is the only positive proof, for, if they are made of poor material or overcooked they will stretch out of shape and lose their elasticity by sterilization. When the surgeon throws aside a pair of gloves, mend them for the interne, and from the interne send them to the floors for dressing purposes. So far as possible buy heavy gloves; they last much longer and are cheaper in the end.

As a matter of information and comparison my bill last year for all rubber gloves used in the hospital was \$522.00. We cared for 2,609 surgical patients, including 244 obstetrical and had 2,702 operations. This makes 20 cents per surgical patient for gloves.

RUBBER TUBING

The same care should be used in the purchase of rubber tubing. It is more economical to buy the pure gum with extra heavy

wall. This will stand sterilization and is especially good for drainage purposes, for it retains its elasticity and does not collapse.

GAUZE, COTTON AND BANDAGE MATERIAL

The purchasing of gauze, absorbent cotton and bandage material is not so difficult, for by carefully studying the cotton market and keeping in close touch with salesmen, you can usually tell when to buy to the best advantage. I believe it pays to purchase one grade of gauze. Find the kind that gives you satisfaction and stick to it.

A good well bleached gauze will weigh less than a poorly bleached gauze because all vegetable oil and foreign substances are taken out and the chemicals used in bleaching removed, making the gauze more absorbent and less liable to irritate. There is a difference of about 10 per cent. in the weight of the goods, between bleached and unbleached.

From my experience I find the 16-20 gauze 20 to 21 yards to the pound shipped in packing boxes the most economical. By carefully buying and selling the boxes, your gauze bill should not be out of proportion to your other items of expense providing proper economy is used in distributing.

SUTURE MATERIAL

Silk worm-gut, cat-gut and surgeons' silk can be purchased to better advantage in the raw state and prepared by the hospital. If you purchase it prepared you should, of course, be guided by the sentiment of your staff. On the other hand, if you prepare your own suture material you have full control of the process of preparation from beginning to end and can trace trouble if it occurs.

In buying silk worm-gut I suggest the coarse or extra coarse No. 1 grade. It costs a little more, but usually the difference is made up in the saving by breakage when tying, and many times saves the temper of

the operator. You can tell a good grade by its clear bright color and by drawing a strand between the thumb and finger to determine how even and smooth it is.

Rough German cat-gut No. 0-1-2-3 is a very economical cat-gut to use, though many surgeons prefer the smooth. Braided silk, whether white or black is stronger, and more economical than the twisted. Nos. 1 and 2 iron dyed braided black silk can be used in place of horse hair. Unused pieces can be sterilized in your autoclave for further use. All cat-gut and silk worm-gut left on reels can be used after proper sterilization. A great saving can be made by the surgeon by using a short piece for small incisions and tying vessels, instead of a long piece, thus wasting possibly half of the strand as is often the case. The following have proven good formulas for preparing suture material:

IODINE METHOD OF PREPARING CAT-GUT

Roll cat-gut tightly on glass reels. Tie ends firmly. Drop cat-gut as wound into clean glass jars. (Mason jars will do.) Cover cat-gut with solution of iodine, 300 parts; ether, 1700 parts; and leave immersed for seven days in air-tight jars. Then pour off iodine solution, into original bottle or on to freshly wound cat-gut. Pour ether (commercial) on sutures. Keep pouring off and on until the ether solution comes away clear. Screw jar tops on tightly and the cat-gut is ready for use. Cat-gut is kept dry and is not handled from the time it is first put into jars until it is removed with sterile forceps for the operator's use. The iodine solution can be used over and over again; reels of sutures which have been removed from jars during operation and not used, can be resterilized by keeping them in the iodine solution for four days and washing off with ether as in original treatment.

(To be continued)

Trifles That Count*

DOROTHY HAYDEN

THERE is an old adage which admonishes us to look the after pennies and the dollars will look after themselves. Yet of the thousands to whom it is familiar how few grasp its full significance. Its meaning is regarded literally, merely as a matter of dollars and cents, and consequently the underlying principle is entirely overlooked. It is the principle which it teaches which makes it a good motto to keep before our minds. To express the same idea in different words we might say: Look after the trifles and the important things will look after themselves. Or in other words, in every undertaking pay close attention to the little details and the ultimate result will be satisfactory. This thing of looking after the little things is one of the important principles underlying every successful business or profession. Examine the methods of any successful business firm or corporation, what do you find — a constant striving for system; and system is nothing more than taking care of the small things, the trifles, — nothing is too small or apparently insignificant to receive the closest attention. Observe a successful professional man preparing an important case. One is surprised at the almost disregard for what are evidently important facts. There is just the point. The major facts are on the surface and can be easily discerned. What he is striving for is to go below the surface and discover the little things, the trifles, easily overlooked, but which if overlooked may mean ultimate failure.

The person who would make a success of the profession of trained nursing cannot afford to overlook this principle. Many young women leave the training school covered with class honors and with an ap-

parently brilliant future before them. Yet after a few years they find themselves relegated to the background, and then wonder why some other who certainly has not their mental attainments or knowledge is preferred to them. The answer may be given in a nut-shell: lack of tact! or in other words, a disregard for trifles. A good technical knowledge is undoubtedly an essential qualification, but technical knowledge alone is not necessarily a guarantee of success.

The duties of a trained nurse are many and varied—in scarcely any profession is there greater demand for versatility. She is brought in intimate contact with doctor, patient, and patient's family, and she must adapt herself instantly to a great diversity of temperaments and conditions. In meeting these different conditions she will find but small use for her technical knowledge and skill. It behooves her, therefore, to develop another side or phase to her character in order to meet the varied requirements which will be placed upon her. This she can acquire only by a careful study and observance of the little things of daily life.

Is it because the trained nurse is so taken up with the larger issues of her profession that the smaller things receive a minor consideration? If so, her career as a successful nurse will be but short. True, it is not easy to see the trifles when every moment some great problem is to be coped with, yet they are present constantly and every successful nurse must know her share of them. The niceties of courtesy to say nothing of the trifling services which are not in a sense essential but which are distinctly beneficial to both patient and nurse, often prove the only means by which the sick-room is made bearable. For if there is anything which irritates a delicate nervous organism, it is

*Read before the North Carolina State Nurses' Association, Greensboro, N. C.

for the nurse, often a well trained one, to discharge her duties as though she were in the profession for its commercial value only.

In the practice of her profession the trained nurse is frequently called upon to act not only as a nursing attendant but likewise as a companion to the patient. In this dual capacity many demands are made on her professional skill not included in the training-school curriculum. This does not apply to cases of acute illness. There, so many and important events succeed each other with such rapidity that the nurse is not worthy of the uniform she wears if she does not give to the patient the best that is in her. The real trial comes during the dreaded convalescence. Then besides the role of nurse she must assume that of entertainer, and moreover fill the latter capacity equally as well as the first. She is perhaps worn out, yet all her skill and untiring efforts in the past, will frequently be overlooked and forgotten, unless she has cultivated those little arts and manners which will appeal to one returning to health.

Every nurse comes in for her share of sick children, and on such cases she will be called upon to display a great amount of strategy, kindness and firmness. For here at first she is looked upon as an usurper, and the little patient insists in pining for the often too delicate mother. A nurse making children a specialty should not consider her training complete until she has mastered some of the arts of the kindergarten. Quiet games, story-telling, cutting out paper dolls, folding paper, etc. will help the wonderfully shrewd little people to forget to associate the nurse with evil smelling medicines, nothing to eat, and mustard plasters. At the same time care must be taken not to fatigue the delicate nervous system.

The advent of the nurse is not always hailed with delight. In the wage-earner's home where the nurse's regular fee greatly reduces the meager savings, she may be looked upon not only as an unnecessary ex-

pense, but also as a troublesome visitor who must be waited upon. An old mother many miles in the country whose only boy (age 26) was ill with typhoid in a log hut, when told that a trained nurse must take charge of the boy, burst into tears and crying said: "Oh no, anything but that. I have enough to do now, and we have nothing she will eat." The nurse arrived R.N. and all. It was her first rural case but she was determined to make the best of it. She carried out the orders left written for her by the M.D. and proceeded to make a life-long friend of the mother, not only for herself but for all those who wear the "all white." And it must have been the trifles that won out with this white-haired stooped-shouldered old mother. She could not understand why so much change, scrubbing, and hard work was necessary to make this hut a hygienic abode, and well knew the open windows in August would kill "her Jim." But since it was pleasantly done she raised no grave objection. But Jim improved after a lot of cold water, fresh air, and milk; began to sit up a little, then recovered. It must have been an interesting experience to see day after day, prejudice gradually change to gratitude and thanksgiving. This nurse was determined to do her best for what she represented. During the convalescence particularly, she often found time to make herself useful and thereby save this tired out woman a step or two—running to the spring, for butter, milk or even water when the second trip had to be made at meal time. She smacked her lips over pork and sweet potatoes, cheap coffee and the regulation country biscuit, declaring the meal delicious, all of which pleased and gave confidence to the provider of the menu.

To remain with a patient through a slow convalescence is tiresome to most of us unless we are endowed by Nature with those special qualifications which cannot be taught, cannot be acquired, but are gifts

from God. Under these circumstances we find ourselves often "at sea," certainly on our own resources. Happy indeed is the nurse who aside from being a good nurse from a technical viewpoint, possesses the happy faculty of being an agreeable and entertaining companion. Reading can almost always be relied upon as a means of pastime if the nurse is gifted with a good enunciation and a voice not too highly pitched. However, if she is wanting in these requirements, her plan of entertainment should be along other lines, otherwise she may find that more harm than benefit will result. The daily papers, a good magazine, or the latest novel are usually desirous selections. Fancy work, too, is often a panacea for the "blues," lonesomeness, and the monotonous quiet of the sick room. I know a nurse who always includes her fancy work in her professional baggage, and she has taught more than one patient the art of monogramming her lingerie; and one or two real brave ones have mastered tatting or Irish crochet. Then, too, the diet kitchen comes in for its share of mental as well as physical effort. How many of us when taking care of the convalescent regret our lack of training in this important branch? Few training schools place sufficient stress upon it. My own experience in this line has been dearly acquired with text book, cooking

stove, red face, burnt fingers, and that haunting dread—will it be eaten?

Much in this progressive age is being written regarding Psycho-therapy which is of vital interest to the nurse as well as the doctor. This science in an elementary sense has been employed since the nursing profession began, for every nurse who employs cheer and encouragement as well as drugs is treating her patient from a psycho-therapeutic standpoint. But not until many more editors have expressed their lavish views through the newspapers, magazines, etc., will this great science be placed in such a tangible form that we as a body of registered nurses or as individuals may be able to employ this method in the strict technical sense. Our psycho-therapy for the present and probably for years to come remains where it is—depending on the nurse's ingenuity, her insight of human nature, her love for her fellow creatures, her power for dispelling gloom, and her faith in God.

So let us as a blessing to humanity be not unmindful of the little things which so wonderfully characterize our beautiful, noble and high calling, and in our imperative demand for Registration and three years hospitals, let us not forget:

"Kind words are more than coronets,
And simple faith than Norman blood."

OUR PERFORMANCE

We all have our aspirations—aspirations, too, after something that is fine and noble. But the performance is very much poorer than what we purpose and plan; in fact, oftener than not the performance is so poor that no one looking at it would ever suspect us of the aspiration at all. And of course the other fellow is very much like we are. We look at him from the outside, and we

could hardly dream that he was dreaming of the fine and noble things that we are. But probably he is, even though his performance may be very poor, indeed. It may help him, it may help us, to remember how little what we see may represent the real man. To know that another even believes in our aspirations may help greatly to make our realizing better.—*Selected.*

Epilepsy

ANNE E. PERKINS, M.D.

THE word is derived from the Greek, meaning seizure. It has many common names, as "falling sickness," "fits," convulsions, etc. It is difficult to define, as it is a variable disease in its symptoms, but is a disease of the nervous system, characterized by attacks of unconsciousness, with or without convulsions. Its designations are *grand mal*, *petit mal*, Jacksonian and psychic.

Grand mal is the severe fit, the worst form, in which consciousness is always lost and motor co-ordination completely destroyed, so that the patient always falls, often severely injuring himself.

In *grand mal* there may be premonitory symptoms for some days, as dizziness, irritability and general bad feelings; at least one-half the cases are preceded by an *aura* or warning, which may be flashes of light or color, unpleasant tastes and odors, as of chloroform, odd or musical sounds, strange forms, a feeling of mist or a ball rising to the head, palpitation, a peculiar sensation referred to the stomach, heart or hand, double vision, blindness, etc., or a feeling of terror, or dreamy sensations. The patient generally at this stage utters a loud, wild scream, "the epileptic cry," and falls unconscious, dropping as if shot, unable to guard against injury, and often cuts or burns himself or produces fractures. The patient may run or turn around and around or stagger for a few minutes before the fall.

Petit mal is a mild fit, not necessarily recognized as such, often termed by the patient or relatives, "hot flashes," "faintness," "dizziness," "spells," "weak heart," etc., as consciousness is not entirely lost and the patient does not generally fall or lose motor co-ordination. When epilepsy occurs after thirty-five generally it is due to alcohol, syphilis or injury. Ten to fifteen are the most common ages of onset. *Petit mal*

is a transient unconsciousness, with or without dizziness or faintness. The patient without warning suddenly stops what he is doing, stares fixedly, face slightly pale, pupils dilated, breaks off the conversation or, if eating, drops food, does not fall, though he may sway or stagger. In a few seconds he regains consciousness and resumes the conversation as if nothing had occurred. There may be sensations of losing the breath, sudden flushing, incoherency, automatic action, as undressing, destroying articles, writing the same word or phrase over and over, rubbing the face and beard, spitting, etc.

In the *tonic* spasm the head is drawn back, jaws set, hands clenched, legs extended, face momentarily pale, then suffused, cyanotic and livid, mouth drawn to one side, whole body rigid. This lasts a few seconds to two minutes, when the clonic stage begins, with tremulous vibrations, increasing till the legs and arms are jerked violently, face fearfully contorted, eyes rolled, pupils often dilated, tongue likely to be bitten and foamy, saliva churned out of the mouth, which may be blood stained; respiration noisy and stertorous, urine and feces passed involuntarily. This stage lasts a minute or two and is succeeded by coma or deep sleep, with or without noisy breathing, face red, not cyanotic; patient relaxed, unconscious, may sleep for hours or only a few minutes and wake sore all over, with headache and confusion.

Status epilepticus mean one fit after another, without regaining consciousness, with rise in pulse, temperature and respiration, and is often fatal, always serious. Urine may show albumin and reflexes be absent or increased. A post-epileptic trancelike condition may occur in which the patient appears perfectly conscious, but does senseless

or very dangerous acts, without the slightest recollection.

Epileptic *mania* or *equivalents* refer to those acts done in a perfect furor of rage, when the patient, instead of having a convulsion, smashes windows, furniture, etc., or wildly attacks those near him. After convulsions there may be transient paralysis as if a hemiplegia had taken place.

Nocturnal Epilepsy may exist for years without the knowledge of the patient or family. If the bed is wet, or much tumbled, and a person awakes tired, with headache and general soreness, this is suspicious. Only when the seizures are witnessed by some one or first occur in the day is such a patient known to have epilepsy.

The *diagnosis* of epilepsy is from syncope, cardiac lesions and indigestion (no actual loss of consciousness in these), from hysteria, general paralysis of the insane, uremic convulsions, malingering, convulsions of organic brain disease, brain tumor, Meniere's disease and the simple convulsions of children. Probably the most commonly mistaken for real epilepsy are hysterical convulsions. The distinguishing points are: in *epilepsy* micturition is frequent, defecation occasional, while neither occur in hysteria. The epileptic must be prevented from injury; the hysterical patient almost never injures herself, or himself; epileptic never talks during seizure, hysterical often does; epileptic screams at onset, which is sudden; hysterical during the attack, which is gradual in onset, following emotion, as jealousy, opposition, etc. Epilepsy terminates spontaneously, hysteria spontaneously or by interference. There may be *globus hystericus*, but no aura in hysteria. Movements of epileptic are rhythmical, a rigidity followed by jerking, while the hysterical patient throws about the legs, arms and head, struggles and arches the back. Epileptic often bites tongue, hysterical never. Hysteria rare before puberty.

Epilepsy is most commonly mistaken for

syncope or fainting. Many people honestly believe that the attacks are due to faintness, heart trouble, etc., and others will never admit that they have epilepsy. The epileptic "faints" without warning, and the pulse is of good volume, not feeble, face flushed, not pale, as in syncope—loss of consciousness more sudden and profound. In syncope there is no aura, may be nausea, pallor and almost imperceptible pulse.

Malingering or simulation is very often practised by criminals to escape punishment, by beggars in a crowd to excite sympathy, but could not long deceive one in the habit of seeing epileptics. If genuine, they can generally prove the previous existence of convulsions or show scars about the head or tongue. If simulated, it is for a motive, and the pretender chooses time and place and seldom suffers injury, whereas the epileptic is unable to guard himself from injury. The impostor's pupils are not dilated, no urine and feces voided, tongue not bitten, no cry, cornea sensitive, and many a pretender has been detected by closing the thumb *outside* the fingers, when in epilepsy the thumb is across the palm and fingers over it. There is no elevation of temperature and pressure over supra-orbital nerve will cause distress, as also in hysteria, but is without effect in epilepsy. The breath may be held to cause flushing of the face, soap in the mouth cause a froth, tongue be purposely bitten, but preliminary facial pallor cannot be caused. The muscular contractions of epilepsy are very powerful, short, rhythmic, and can be felt by grasping the forearm or thigh. A simulator will contract a relaxed muscle if the hand is flexed.

The treatment of epilepsy is largely hygienic; limit meat, prevent overloading of stomach and constipation, keep out of doors and employed. Surgery is now known to be nearly useless, though it formerly had many firm adherents. Trephining is done when there has been a direct injury and if done early may be effectual.

In epilepsy developing after labor, some cases are improved by repairing injuries due to childbirth.

Bromides are not used as much as formerly or in such large dosage. They often derange the stomach, cause bromidism, acne, anemia, gastritis and simply stupefy the patient when used to excess.

During the attack the clothing is loosened, patient protected from injury and placed in a recumbent posture.

Psychic epilepsy is important, as these patients may commit most brutal and ferocious crimes in an automatic state, and have no knowledge or recollection of these. I have seen an apparently gentle, quiet woman, who cut the throats of her children in such a state as this. The attacks may last for days and a man often travels a long distance and suddenly comes to himself in a strange place, all the events being forgotten like a dream. Many hyper-religious ecstatic people who see visions and angels are really epileptic.

The *psychic* type affects the mind, generally leaving the body undisturbed. It is a temporary blank or lapse of memory lasting from a moment to days or weeks, and of great importance, medico-legally, on account of crimes that may be committed at this time, or the attempt of unscrupulous persons to use it as a defence.

In the *Jacksonian* the patient is usually conscious, at least in the beginning, and there is a definite cause, as a clot, tumor, depressed skull, that acts as an irritant to the cortical cells, so that convulsions begin in the same part of the body and follow the same course, being confined to movements of one group of muscles, leg or arm. There is not usually frothing and biting of the tongue.

Some patients may have grand mal, petit mal and psychic epilepsy within a short period.

Epilepsy is a disease that may occur at any time from infancy to senility, but the

majority begin before puberty. After puberty males are more often affected. Spratling, former superintendent of Craig Colony for Epileptics, Sonyea, N. Y., quotes Peterson as estimating the ratio of epileptics to the population at large in the United States as 1 to 500, and this is probably not high enough, as many are not recognized nor admitted.

Heredity is variously estimated as 9 to 56 per cent. It is quite common among Jews and Negroes, but spares no race. It is certainly strongly hereditary and often occurs in children of neurotic, hysterical, feeble-minded and insane parents—tainted stocks. Chronic alcoholism in parents is supposedly a factor, as a large number have alcoholic parents.

Dr. Spratling, in 1907 report of Craig Colony, of 950 cases admitted, stated that 213 were due to alcohol—199 to father's use, 26 to mother's use, 12 to both, 12 to use by patients. He regards it as "without doubt the most important factor in the production of the degeneration of the human race." Its control would produce a marked diminution in insane, epileptic and criminals. Alcohol will produce epilepsy in steady drinkers.

Fright and injury to the head are greatly over-estimated as causes, as are masturbation, teething, worms, need of circumcision, etc. Pregnancy or injury from labor causes occasionally. Infectious fevers may occasionally cause it.

In older subjects it is quite often due to arterio-sclerosis and cardio-vascular disease. Eating indigestible articles of food, over-eating, constipation, excessive use of meat and lack of out-of-door exercise will often precipitate an attack in those subject to it. A blow on the head, bullet lodged in the brain, a fall with concussion of the head, fracture of the skull, etc., may cause epilepsy. Death is rare in a fit, unless from choking, when it occurs during eating. Occasionally convulsions stop spontaneously,

especially if they began in childhood, with infectious fevers, etc. If syphilis is the cause, there may be help. Cases beginning at puberty or after thirty-five are more favorable, but, after all, it is practically incurable. Epileptics need definite work, firm control and abstention from alcohol.

The mental condition may be unimpaired, but the memory is the first faculty to suffer; about one-half suffer marked deterioration. Probably 90 per cent. show some loss of memory, especially of recent events. Many are feeble-minded or imbecile, as well as epileptic. Sooner or later some mental impairment takes place, and a certain per cent., probably one-fourth, become insane. Mohammed, Julius Cæsar, Napoleon, St. Paul, Byron, and many famous men are said to have been epileptics.

All epileptics should be forbidden marriage, on account of the high percentage of heredity. The best of them are inclined to be irritable or even violent near the time of seizures. Many are abnormal or mentally

weak, others normal except for rare episodes. Many show a loss of control, outbreaks of temper, emotional, changeable mood, with peevishness; this occurs especially in the *insane epileptics*, and they may be violent, vicious, treacherous, immoral, with fearful explosions of temper, sexual crimes, etc.

Many of the insane are rational and intelligent for long intervals, with a fair memory, appreciate their condition and exercise fair control. Many lead a vegetative existence, with no particular interest in anything except their food, drawl and repeat religious phrases. Others can get on uneventfully in the hospital or colony who could not possibly live outside. There is egotism, demands for attention and sympathy for the slightest or imaginary ailments. They are often hypochondriacal, whining, obstinate, jealous and greedy. They may be very dangerous from their delusions of persecution and hallucinations and sudden murderous attacks, and should properly be colonized.

THE GRACE OF PERSISTENCE

To have the faith and patience necessary to keep at a thing is one of the very finest of the virtues. Nearly every one has the ability and the opportunity to make life a success, if he only has the grit and the persistence to keep on doing the things that need to be done and are for him to do. It is the great besetment of the man of unusual

ability that he can do things so readily and easily that he misses his training in the splendid school of patience. After all, it is the men of average ability, who have had to plod, and wait, and learn, and climb step by step, who have made the finest successes and done the most with their lives. Persistence is an excellent grace.—*Exchange*.

The Nursing of Children

MINNIE GOODNOW AND ZULA PASLEY

CHAPTER I

PREPARATION FOR THE BABY

THE nurse who desires to be efficient in her work for children begins her usefulness by helping the prospective mother. She should advise when pregnancy is suspected that the patient visit her physician early, have the fact of pregnancy established or disproven, and keep in touch with him, so that he may direct her physical care during the period.

If the nurse is asked for advice by a pregnant woman she should counsel simple, sensible living, leaving the details to the doctor. She will be called upon, however, to deal with many minor points, as a woman always feels that another woman understands better than a man possibly can and is more sympathetic in this wonderful matter of the entrance of a new life into the world. She will have to answer questions in regard to the traditions which are still current, and should herself know the truth concerning them. The various modes of telling whether the child is to be a boy or a girl are interesting, but all fail more or less frequently, and are not to be taken seriously. The most difficult subject is that of prenatal influence and maternal impressions, with the consideration of birthmarks and deformities. The authorities differ in regard to these matters, and among the medical fraternity one will find equally capable men holding opposite views; but most of the biologists feel that the whole subject and its so-called proofs are merely the result of coincidence. It is a fact that the majority of pregnant women go through experiences which ought, if the traditions held good, to produce marks, deformities, strange tendencies, etc., and yet these things do not

occur except in occasional instances. If such matters were cause and effect, the effect would not be lacking in nine cases out of ten. It is, however, a matter of common sense and fair play that a prospective mother should be protected from unpleasant occurrences, given cheerful surroundings, and helped in maintaining a calm mental state.

In the matter of premature children one constantly hears that eight-months' babies do not live, while seven months' do. Such statements not only contradict common sense, but are disproved by facts. The idea doubtless arose from inexact observation and ignorance of the exact amount of prematurity.

When tales of terrible suffering at the time of delivery, blood poisoning, abscessed breasts, etc. are brought to a nurse, she may say simply that modern scientific treatment has practically eradicated nearly all of the old-time complications. She may even use these things as arguments in favor of having skilled care.

Clothing—The nurse is almost always called upon to advise in regard to clothing for the baby, and should know something of the quality and durability of materials. Shopping for the layette should begin about the third month of pregnancy, and any machine stitching should be finished before the sixth month. Embroidery and fine hand work may be reserved for the later months. After the sixth month there should always be a moderate supply of things ready in case of premature birth.

Advise the buying of good flannels, as these, if properly made and cared for, may be used for a long time. All-wool flannel

does not launder well; silk-and-wool or linen-and-wool is better. A good quality of either may be obtained for about ninety cents a yard. If the petticoats are made quite full (one or one-and-a-quarter yards at the bottom) they can be used until the child is three or four years old. A cheaper flannel (forty cents a yard) may be used for pinning blankets, as these are used but a comparatively short time. For the bands, buy a half-yard of forty-cent flannel, leaving it uncut, so that it may be torn into strips of the proper width at the time it is used. Bands should not be hemmed or embroidered, and if made beforehand are apt to be too large or too small. They may be made with darts, but these are easily stitched in. The band should never be pinned on, but sewed or basted. It should be loose enough to admit the nurse's finger as she sews, but snug enough to stay in place.

The shirts which have a double front are undoubtedly best, as they afford more protection where it is needed. They should be fastened by a few stitches or with the tiniest of safety pins. (Imagine yourself with a four-inch blanket pin in the middle of your back and you will have some idea of the reason for omitting pins altogether.) Use the second size of shirts, as the smaller ones shrink or are outgrown very quickly. These may be silk-and-wool or linen-and-wool, and in warm weather cotton or linen mesh.

The best material for dresses is nainsook, for which one pays 20 or 25 cents a yard. Lawn rumples badly and does not wear or launder well; other materials are too heavy. If the slips are made with draw-strings at the neck and wrists and armholes amply large, they will not require making over as the child grows. Nightgowns are best of flannelette, except for summer, when nainsook or longcloth may be used. If they are made of wool flannel, the neck should have a silk or linen binding. The petticoats should be made princess or with a waist, so that they hang from the shoulders. An



FIGURE I

attempt to fasten clothing about a baby's waist or chest results in its dragging and being always uncomfortable and untidy. None of the clothing should be longer than 24 inches from shoulder to bottom of hem. The regulation 27 inches makes simply more material to pull and drag and does not aid in keeping the baby warm.

Cotton advises instead of the usual slip, a sleeveless garment to be made of Scotch flannel. The neck is finished smoothly and the bottom has a draw-string by which it is drawn up like a bag, keeping the feet warm and making a garment which will stay in place. The arms are of course included in the bag thus keeping the hands away from the face and preventing scratching or infection of eyes. He suggests that a similar slip be worn underneath in cold weather, this one being provided with armholes. A silk-and-wool shirt, diaper and stockings complete the costume. This is advised for only the first six weeks. It is particularly good for very small or premature babies.

Soft wool stockings or long booties should be provided except in summer. They must be pinned to the diaper with tiny safety pins or they will not stay in place. Short jackets are useful to keep the neck and shoulders from chilling when they get uncovered. These may be made of wool, flannelette, or silk.

The diapers may be made of a thin outing-flannel. This is soft, absorbent and easy to launder. Canton flannel is clumsy and is not absorbent nor soft until pretty well worn. Linen is almost too absorbent and

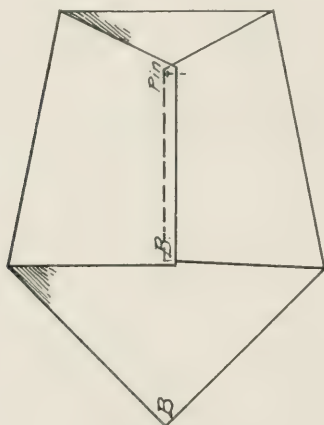


FIGURE II

soon becomes cold and clammy if wet. Birdseye-cotton is excellent, but is almost sure to become gray after a few weeks laundering. The Arnold knit diapers are very satisfactory, but are expensive.

The following list of clothing will be found to fit the requirements in most cases:

Three shirts, second size; 4 pairs stockings; 4 flannel petticoats, 4 wool pinning blankets; material for 3 or 4 flannel bands; 10 or 12 dresses or slips; 3 jackets; 50 diapers, 22 or 24 inches square; 2 or 3 head shawls; 2 soft blankets or small comfortables, washable.

The head shawls should be of very fine soft wool or silk, as no harsh material should ever come against the baby's face. A coat and a bonnet may be provided later, when

the child begins to go out, but are not necessary at the first.

A special hot water bag should be provided, and scales for the daily weighing. The baby basket should contain the following articles:

Two soft towels (old table linen is nice for these); soft old linen or gauze for washcloths; castile soap, (the genuine); bath thermometer; large and small safety pins; boric acid in powder; boric acid in solution; white vaseline, sterilized; package absorbent cotton, sterilized; package sterile gauze; pair of scissors; plain talcum powder; soft old blanket; full set of clothing for first dressing.

Bed—Some sort of a bed or bassinet should be ready for the reception of the baby. The material and style of this may be left to the taste and purse of the mother. A clothes basket may be used, padded and lined with pink, blue or white, with a deep ruffle of the same covering the outside. One may even use a baby carriage as a bed if it is flat in the bottom. The simplest and most practical thing is a small metal bed; with a hair mattress it will be both comfortable and sanitary. If an ordinary crib be used it will do until the child is six or seven years old. There should be a quilted pad over the mattress and it should be further protected by rubber or waterproof sheeting, preferably double coated. Cambric sheets, light wool blankets and if desired, a light spread make the bed complete. No pillow is needed for some months, though a thin one may be used later on.

The Nurse—It ought to be an axiom that no nurse should take an obstetric case, except in an emergency, and thus undertake the care of a young baby, unless she has had good training for this work. Good training means, in most instances, special training, for few general hospitals give more of this work than a mere smattering. The nurse is expected to be a teacher of principles and methods. She must be equipped with both popular and technical knowledge. She

must know what things are so and why they are so.

Books—It is well to be able to recommend books from which the young mother may gain information. Holt's "Care and Feeding of Children" is perhaps the most complete work for popular use and is considered an authority. Fischer's "The Care of the Baby," Wheeler's "The Baby—His Care and Training," Cotton's "Home Economics" series and Griffith's "Care of the Baby" are among the best. There are some excellent chapters on the subject in Aiken's "Home Nursing." These are all reliable works and are written for the average intelligent mother. Schinn's "Biography of a Baby" is a scientific study of a child's development, and is told in an interesting manner.

The importance to both mother and child of proper care for the baby during the first few days cannot be overestimated. It is these few days which set the pace for months to come, and it is during them often that a nurse makes or unmakes her reputation.

Discrimination—Few people, even doctors and nurses, understand that children are born with dispositions, and that these dispositions must be dealt with in one way or another from the hour of birth. The nurse who takes advantage of her opportunities will observe that one child is impatient and wilful and another serene and yielding from the first day of life. It is just as impossible to succeed if one treats all babies alike as it is if one treats all men and women alike. Adaptability nowhere finds a wider application than in the care of young babies.

The Baby's Characteristics—What is the baby at birth? Most physicians denominate him "simply a little animal." The sight is somewhat undeveloped, in that dis-

tance is not distinguished at all and only nearby objects are clearly seen. The color sense is non-existent. Taste is not developed, but the baby's mouth is very sensitive to heat and cold or to pungent foods. The sense of smell appears gradually, along with that of taste. The sense of touch is well developed chiefly in tongue, lips and eyes. It is undoubtedly true that "a baby's only *conscious* sensation is in its mouth." The sensory nerve endings in the skin are little developed, which results in this, that a baby may be badly injured without being itself conscious of it enough to protest. To this are due some of the accidents with hot water bottles, etc. The lungs inhale relatively more oxygen and expel more carbon dioxide than in adults. The sweat glands are not active at birth. Tears do not appear normally until about the third month.

The respiration at birth is about 45 per minute. Rotch says "The breathing is superficial, sometimes quick and again dying away so as to be almost imperceptible." Good authorities say that the temperature of a new-born baby is from 99 to 100° but it falls two or three degrees within the first hour and fluctuates for several days, being at the end of the first week normally 99°. In actual practice, the average baby tends to record a subnormal temperature for some weeks, and it will rarely be as high as 99 unless there is some functional disturbance. The average height of males at birth is 19¾ inches, of females 19¼ inches. The average weight of males is 7¾ pounds, and that of females 7¼ pounds. The ten, twelve and fifteen pound babies of which one hears are exaggerations or guesses, or due to the child being weighed with a considerable amount of clothing. Babies which weigh ten pounds at birth without clothing are very uncommon and a child larger than that is almost never seen.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

II. SYMPTOMATOLOGY

2. SYMPTOMS OF INDIVIDUAL DISEASES

(A) *Congenital Heart Disease*

Cyanosis is the most common symptom, and is present in more than nine-tenths of the cases observed. In most instances it appears within a few days after birth. It may be only apparent about the nose, lips, ears and the extremities, or it may be general; it is sometimes much more noticeable after exertion than when the child is at rest. Dyspnea is another symptom frequently seen, and there may be a troublesome cough. Clubbing of the fingers and toes is very often present, and is more pronounced than in any other form of disease. The development of the child, both physical and mental, is retarded, and few children with serious defects of the cardiac mechanism survive many years.

(B) *Diseases of the Pericardium*

Pericarditis—In *acute fibrinous pericarditis*, in which there is a dry fibrinous exudate upon one or both surfaces of the pericardium there may be no noticeable symptoms whatever, although in some cases there are cardiac pain or discomfort, slight fever, some dyspnea and a rather rapid pulse. The one distinctive sign is the friction sound made by the rubbing of the two affected surfaces upon each other. *Pericarditis with effusion*, where there is an abnormal quantity of fluid in the pericardial cavity, may in its onset present few symptoms, but when the effusion has become considerable its pressure interferes with the heart's action. The pulse then becomes rapid and weak, and, perhaps, irregular; dyspnea and cyanosis appear, there may be discomfort in swallowing or loss of voice from pressure on the esophagus or the nerves of the larynx, and the patient may be unable

to breathe comfortably lying down, as a result of pressure on the left lung. Restlessness and insomnia are present in severe cases and in rheumatic cases, with high fever, delirium is not uncommon. Pain becomes lessened when effusion occurs. While most cases recover, the effusion being absorbed with amazing rapidity in some instances, where the inflammation assumes a suppurative form or is the result of a tuberculous process, the outlook is a grave one, recovery under such conditions being rare.

Chronic adhesive pericarditis—Where there is simply adhesion of the two layers of the pericardium, there are usually no symptoms by which the affection can be distinguished, and it is often discovered only at autopsy. It is not necessarily accompanied by any disturbance of the heart's action. Even where there is inflammation of the mediastinum (the septum of the thorax) and the pericardium becomes adherent to the pleura and the chest wall, there are no symptoms in the early stages. Later, however, the heart becomes embarrassed by its loss of free movement, and enlarges, when the symptoms become those of hypertrophy and dilatation—dyspnea, palpitation and precordial discomfort. A retraction or drawing in of the chest during the heart's systole (contraction) is seen where the adhesion is of considerable extent.

(C) *Diseases of the Endocardium*

1. *Simple acute endocarditis* usually presents no typical symptoms, as it is almost invariably secondary to some other affection the symptoms of which overshadow the slight signs of cardiac disturbance. It is well, therefore, that in all disorders which are frequently followed by endocarditis,

especially all manifestations of the rheumatic state, careful and repeated examinations of the heart should be made. Symptoms which should excite suspicion of endocardial involvement are increased rapidity and irregularity of heart action, dyspnea, palpitation, precordial pain and increase of restlessness and fever; but the surest sign is an alteration of the heart sounds.

2. *Malignant endocarditis* has so many forms of onset and such inconstant symptoms that it is often difficult to recognize, and has been mistaken for any number of other diseases. Its two most frequent forms, perhaps, are the *septic* and the *typhoid*. In the former, the prominent symptoms are chills, sweats and irregular fever. If, as is usually the case, the endocarditis is secondary to a septic process elsewhere in the body, these signs of septicemia are already present, and the cardiac manifestations of the disorder may not be noticed unless embolism occurs. The typhoid type sometimes presents so exactly the symptoms of typhoid fever that it can only be distinguished from it by a negative Widal reaction and the absence of the typhoid bacillus; it may begin suddenly with chill, fever, headache, vomiting and general malaise, or gradually, with increasing prostration. The fever is usually, but not always, high, and of a remittent or continued type. Apathy, extreme prostration, hurried, shallow breathing, a dry, brown tongue and enlargement of the spleen are among the common symptoms. The pulse is generally rapid, and in the later stages of the malady very small and weak, but there are ordinarily but few definite heart symptoms. Cardiac murmurs may or may not be present. When, however, portions of the vegetations which have formed on the cardiac valves are broken off and carried away by the blood stream, causing embolism in one quarter or another, the character of the disease, which may before have been a doubtful question, becomes unmistakable. Embolic infarction of the

brain results in paralysis, delirium, coma or convulsions; pain in the lumbar region and hematuria (blood in the urine) point to embolism of the kidney; pain in the chest and pulmonary hemorrhage result from infarction of the lungs, and pain and tenderness over the spleen give evidence of embolism of that organ. While in a few instances recovery from malignant endocarditis has been reported, in most cases the disease progresses steadily to death, which is brought about by heart failure, the severity of the infective process, embolism, or some complication, as meningitis or cerebral hemorrhage.

3. *Chronic endocarditis* (chronic valvular disease of the heart)—Chronic valvular lesions are of gradual development, and under usual conditions the additional work put upon the heart by the increased resistance or backward leakage which is brought about by valvular obstruction or valvular insufficiency, results in a hypertrophy, or increase of muscular tissue, affecting the part of the heart upon which the additional work falls. This, producing what is known as a "compensation" for the valvular difficulty, may so effectually prevent any serious interference with the working of the cardiac mechanism that the patient may for a long time be unaware that any heart disease exists. The more nearly this compensatory hypertrophy can maintain the balance of the circulation, the freer the patient will be from symptoms of any kind. The earliest symptoms to appear are usually increased force of heart action, due to the organ's increase of muscular tissue, and dyspnea on exertion, resulting from the increase of pressure in the pulmonary circulation which is the inevitable result of the backward damming of blood in all valvular lesions, especially in affections of the mitral valve. When the compensatory power begins to fail, dyspnea, palpitation and precordial discomfort appear upon increasingly slight provocation, the congested state of the circulation produces a disturbance of function in various organs of

the body, and finally the plasma, or fluid portion of the blood, unable to flow onward at its proper rate, exudes through the walls of the smaller vessels, bringing about the condition known as edema, or dropsy. The most dependent parts of the body, the feet and ankles, are the first to be affected. The fluid accumulates in the loose tissue below the skin, forming a swelling in which a dent may be made for a moment or two by the pressure of a finger. Not only the cellular tissue, but the peritoneal and pleural cavities, the air cells of the lungs, and any part where fluid can collect, may be invaded by the effusion, the amount of which bears a certain relation to the degree of venous congestion.

As all valvular lesions produce a more or less similar condition when the compensatory power fails—*i.e.*, anemia in front of them and congestion behind them—a given case of heart failure shows few symptoms that point out the particular valve or valves that are implicated. It may be said, however, that in mitral lesions there is greater prominence of the pulmonary symptoms, since the pulmonary circulation is more quickly affected, while in aortic affections the sensory symptoms are more noticeable.

(a) *Mitral Insufficiency*—While compensation is good, this lesion may produce no symptoms whatever, but as affections of the mitral valve bring about a rise of pulmonary pressure much earlier than those of the aortic, shortness of breath and palpitation on exertion are especially common in these disorders. Signs of failing compensation, or muscular failure of the heart, are an increase in the severity of these symptoms, with irregular heart action; cough and bronchitis due to pulmonary engorgement; congestion of the alimentary tract, inducing digestive disorders, loss of appetite, and irregular action of the bowels; congestion and enlargement of the liver and spleen; albuminuria and diminished flow of urine from kidney congestion; headache, vertigo and sleeplessness from cerebral congestion,

and edema of the feet and ankles, spreading to the subcutaneous tissue of other localities and to the various serous cavities. There is apt to be a cyanotic hue of the face and extremities, though in some cases the complexion takes on an ashy pallor. The pulse is usually of low tension, and may be irregular in both force and rhythm.

The most common complications of mitral insufficiency are those affecting the lungs, such as acute bronchitis, pleurisy with effusion, and pneumonia; but embolism is liable to occur at any stage of the disease, the brain, kidneys, spleen and skin being the parts most frequently affected.

(b) *Mitral Obstruction*, which is almost always accompanied by some degree of mitral insufficiency, differs but little from it in its symptoms. When compensation is well maintained, no symptoms may be noticed, and this may continue for years. Shortness of breath, palpitation and a feeling of tightness in the chest, brought on by exertion, are usually the earliest signs of the disorder. When compensation begins to fail, in addition to the intensification of these symptoms, there are others referable to congestion of the pulmonary circulation, such as bronchitis, cough, hemoptysis and epistaxis. Embolism occurs more frequently in mitral obstruction than in any other chronic valvular affection, affecting most often the arteries of the brain, kidneys and spleen. A rosy flush of the cheeks and deep red color of the lips are often seen in this disorder, though in some patients the face is pale or somewhat cyanotic. The pulse in slight and uncomplicated cases may show no abnormalities, but when failure of compensation occurs the heart action becomes irregular, and there may be more apex beats than palpable radial pulsations.

Acquired mitral stenosis in young patients is very fatal, few cases reaching the age of thirty-five. There is, however, a rare congenital form, in which life may be prolonged to the average age.

(c) *Aortic Insufficiency*, like the lesions of the mitral valve, may exist for years without inconvenience to the patient, if compensation is sufficient to maintain the balance of the circulation. Where this is the case, no symptoms are necessarily present except a heart murmur, which in cases of extreme hypertrophy may be heard without an instrument, and a characteristic collapsing or "water-hammer" pulse. In a pulse of this type the wave rises suddenly and to an unusual height, filling the artery very full; it then falls with a remarkable abruptness, leaving the vessel abnormally empty between the beats, in consequence of the backward flow. The pulse is usually regular in force and rhythm until the heart fails. If, however, the compensatory hypertrophy is not sufficient to maintain a proper balance in the circulatory system, signs of anemia and disordered circulation appear. Patients with this affection are usually pale, and the mucous membranes have an anemic appearance. There is often throbbing in the head, and headache, vertigo and sleeplessness may be annoying symptoms. The patient sometimes complains of faintness, especially on rising suddenly to an upright position. Other symptoms frequently seen are nervous and muscular debility and coldness of the extremities. Pain in the cardiac region is very common, even when compensation is fairly well maintained; it may be dull and aching or sharp and anginoid, radiating into the neck and the shoulder and arm. True angina is more often associated with this disorder than with any other valvular affection. Dyspnea and the signs of pulmonary congestion appear later in aortic than in mitral affections, as in aortic disease the damming back of blood in the lungs does not occur immediately, but only after serious breakdown of compensation. When this takes place, the symptoms described under the head of mitral affections make their appearance.

(d) *Aortic Obstruction*, pure and uncompli-

cated, is of rare occurrence, the disorder being usually met with in connection with insufficiency of the same valve. For this reason, and because the effect of the two lesions is very similar, there being in both cases an insufficient amount of blood pumped from the left ventricle into the arterial system, necessitating additional force to maintain a balance of the circulation, the symptoms are practically identical. While compensation is good, the patient may be unaware of his condition; when the flow of blood is seriously interfered with, signs of anemia, disordered cerebral circulation and interference with nutrition make their appearance, followed by pulmonary and systemic venous congestion. The patient usually appears pale when the anemic stage is reached, and cyanotic after the setting in of general congestion. The pulse has no distinguishing characteristics; it is usually rather small, but regular and well sustained, rising and falling gradually, instead of abruptly, as in simple aortic regurgitation.

(e) *Tricuspid insufficiency* and (f) *tricuspid obstruction* are rarely seen as primary affections, except as congenital defects; they are usually secondary to disease of the left side of the heart, and the symptoms they produce, when not properly compensated, are those already described as the terminal symptoms of mitral disease, viz., those produced by congestion of the pulmonary and systemic circulations, including dyspnea, congestion, enlargement and improper functioning of various organs, cyanosis and edema. In tricuspid obstruction there may be pain in the infra-mammary or epigastric region.

(g) *Pulmonary insufficiency* and (h) *pulmonary obstruction* are exceedingly rare conditions, though they are occasionally seen as congenital defects. Their symptoms are mainly those of derangement of the pulmonary circulation, especially dyspnea and cyanosis.

Nursing Care in Gastroenterostomy

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AT present when so many nurses are specializing along the various avenues offered them by their profession, the surgical nurse finds herself obliged to be ever familiar with the newest methods and systems, as this branch of nursing is so constantly changing, not only in operating-room technique, but in the preparation and after care of patients suffering from organic disturbances which demand surgical aid for relief, and we find the methods used in preparation for diagnostic examination, for operation, after care, post operative complications differing widely in many conditions, for example, throidectomy from cholecystectomy, etc., and truly for a knowledge of all the ailments of humanity which is so often expected of a nurse, what was said of the country doctor might apply to her "To cover such a wide field she must spread herself out very thin."

To outline the work in a case where gastro-surgery is resorted to for relief we select one of the many sufferers complaining of "stomach trouble." At five o'clock, the evening before the patient's examination, an ounce of castor oil is given, this is followed at six o'clock by a wholesome supper, containing some meat, an hour later twenty raw raisins are eaten. These raisins play an important part in the diagnosis.

Seven o'clock the next morning finds the patient at the office of the gastro-enterologist, here the test breakfast is served which consists of fifty grams of second-day bread. Next in order comes the examination so necessary for the diagnosis. Loosening the clothing to expose the stomach and abdomen, the patient is placed in an upright position, the stomach washed out, and its contents saved for microscopic examination for retention.

In 90 per cent. of cancer cases fragments of the raisins are found, and also in 66 per cent. of ulcers of the duodenum, but where there is no mechanical obstruction, no raisins are present. (Meat given for the supper on the previous night was for the microscopic test for retention). The examination chair being now tipped backward places the patient in a dorsal position with the knees so flexed over the end of the chair as to resemble somewhat the lithotomy position, the stomach tube still inserted a bulb is attached to the end and the stomach is inflated with air, twenty-two bulbs gives a relative idea of the size. Note is made of the position of the greater curvature, and the various organs involved are marked in blue pencil. Unable to answer the questions asked, with the tube still in the mouth, the patient is requested to raise the right hand when a tender spot is located, as 40 per cent. of ulcers of the stomach are associated with gall, bladder and appendix complications.

Gastroenterostomies, including operations on the stomach and duodenum (gastro-duodenostomy) and stomach and jejunum (gastro-jejunostomy) are in the majority of cases performed for relief of ulcers which are obstructive in character, and many times for help in malignant diseases.

It is of course important to have a standard for routine work but the idiosyncrasies of a patient are always considered and departure from rule made when necessary. The evening before operation two ounces of castor oil are given followed a few hours later by a light supper, a bath before retiring, and in the morning the field of operation is shaved (using no soap). Morphine gr. 1-6 and atropine gr. 1-100 is usually ordered

one half hour before going to the operating room.

On the table the skin is carefully cleansed with benzine, thus removing the fat and dead tissue, the old method of scrubbing with green soap and water being entirely eliminated. Care must be taken when using benzine that it does not run down between the folds of the skin for it is very liable to burn, when dry this is followed by an application of $3\frac{1}{2}$ per cent. solution of freshly prepared tincture of iodine.

After operation the patient is placed in an upright position in bed and by means of numerous pillows made as comfortable as possible. As this position must be retained for four days, to keep the patient from slipping down in bed as all have a tendency to do, a large roll is placed under the thighs and sling of gauze or cotton twisted about the roll and fastened by its ends to the sides of the head of the bed, thus keeping the roll in place. A large cotton pad is made for under the buttocks and changed as often as necessary. Rectal salines are started and the irrigators hung low (on a level with the mattress) the saline is given slowly, from four to six quarts during the first twenty-four hours. On the first night hot water is allowed the patient in moderation unless forbidden by excessive nausea. To relieve pain hypodermic injections of morphia gr. 1-6 and atropine gr. 1-100 are resorted to and for weakness or exhaustion camphorated oil from 10 to 15 min. is ordered hypodermically, and repeated in four or six hours if necessary.

With some patients much difficulty is experienced in retaining the upright position for four days, they tire of it early, complain of more or less backache, grow nervous and

indifferent to their surroundings. This is the most trying period to the nurse and every means and measure must be applied to find comfort for the patient. A little sympathy at this time often goes a long ways, with the reassurance that all is well.

Many of these patients have been sufferers for many months and have grown weary of medical attention and are constantly watching for any change in their conditions which they are apt to interpret as bad omens, thus demanding an optimistic attitude from the nurse on all occasions.

The most common complications which may follow an operation of this kind are the familiar hemorrhage and shock, pneumonia or embolus, but the number of patients succumbing to any of these is so small that the nurse has little to dread, nevertheless she must be acquainted with them, and ready to meet the same should such unfortunate conditions arise. Sometimes a bad attack of hiccough, causing much discomfort, presents itself, but is generally helped by small doses of codein or cocaine at stated intervals.

The day after operation albumen water is offered, also a little weak tea and the second day broths are permitted if the patient does well; by the end of the week the regulation hospital diet is given, the patient allowed up and the average discharged from the hospital in from ten to twelve days. There is marked improvement in the nutrition and the majority put on flesh rapidly.

Grateful for the assistance rendered, and still anxious for the little attentions offered, the nurse is many times retained even after medical service ceases.

Nursing in Orthopedic Surgical Cases

NOTES FROM A LECTURE TO NURSES

ORTHOPEDIC surgery is that branch of general surgery which has to do with the crippled and lame. It touches the nurse at two points, namely, not only will she sometimes have the care of a crippled patient but she is often in a position where she can discover a case needing orthopedic treatment in a family where she is on duty. By recognizing the serious consequences of some beginning deformity which the parents in their ignorance and optimism sometimes overlook, she may, by advising treatment, often save a child much suffering and prevent a serious deformity.

Parents' ignorance is excusable, but their hopeful way of thinking that a child will "grow out" of a deformity naturally and without treatment is unforgivable. Just why this attitude of mind exists I cannot understand but it certainly does and the nurse by her confidential relation and her position of authority with the family can do much to change this pernicious idea.

Let us now discuss deformities, their origin and the general principles of treatment.

Deformities are congenital or acquired.

Children may be born with a club foot, dislocation of the hip or other malformations, or through some disease or infection have become deformed early or late in life.

CLUB FOOT

Club foot is that deformity characterized by turning in of the foot and contraction of the sole as though trying to make a fist. If the infant were to stand it would bear its weight on the outer ankle.

This condition is, of course, immediately recognized by the physician attending at the labor and proper treatment is begun in due time. Until the child is old enough to be treated, four to eight weeks, the nurse can do much good by manipulation and

massage of the deformed feet (it usually occurs in both feet), and can do much to relieve the mother's distress about the case by corroborating the doctor's hopeful prognosis of the ultimate and absolute cure.

CONGENITAL DISLOCATION OF THE HIP

Congenital dislocation of the hip shows itself first when the afflicted child begins to walk, there is a limp which because it is painless does not attract much attention but there is a peculiar duck-like waddling gait when both hips are out of joint that is significant and not easily overlooked. The cure of these cases is difficult at best and treatment must be begun early as with each year after five the chances of success diminish.

These dislocations are reduced (without cutting) under an anesthetic, the child wears a plaster-of-paris dressing for about nine months after which the nurses begin in massaging the weakened limbs and teaching the child to walk. Other congenital malformations come in the surgeon's sphere.

ACQUIRED DEFORMITIES

Of the acquired deformities, two diseases are the chief cause—tuberculosis and anterior poliomyelitis, also called infantile paralysis.

When some adult in the family has tuberculosis of the lungs, the danger of transmission to the child is great. In children, however, the disease manifests itself most frequently in the bones and joints and is the cause of much back and hip disease, etc.

As an example of its predisposition for children's bones let me mention that in examining one thousand consecutive cases of spinal disease, I found eight hundred and sixty under ten years of age and six hundred of these were under five years of age.

Special attention must be paid to the general health, nutrition, sleep, etc. We depend on Nature to bring about a cure, our part being merely to assist and prevent damage.

In this connection it would be well to discuss the nurse's duty when taking care of a joint case.

Children with tubercular joints must be handled very gently, as any motion of their diseased joint causes excruciating pain; therefore in removing braces to bathe children, etc., have the child lie down, have someone support the diseased joint so that there will be no motion or jarring and make all movements as carefully and as gently as possible.

This illustrates the attitude of the child in this matter. Usually when we apply a plaster jacket for the first time the child cries, it is afraid of the jacket. When the child comes again for another jacket, it cries again but from a different cause, it cries because it is afraid we will remove the jacket and not replace it. The child has received so much comfort that it does not want to lose it.

To return to the treatment of Pott's disease. In young children we apply a frame commonly known as the Bradford frame. It consists of a gas pipe rectangular frame just about the child's width and a little longer, over which canvas is tightly stretched. The child is laid on this frame and fastened to it by means of an apron. The clothing is made larger at the waist to go over both child and frame. It is indeed very comfortable for the child and easy for the mother to handle. The child can be lifted up without any danger of jarring the spine and can be put into a go-cart or perambulator to get an airing. The child can also be bathed several times weekly. This must be done with great care—at no time must the child be allowed to sit up. The straps are unfastened and the child simply rolled sideways off the frame. When the

bathing and powdering is finished the child is rolled back on again.

The frame treatment is ideal, but unfortunately cannot be continued after the child gets too large or heavy for the mother to carry about easily.

We then apply a plaster-of-paris jacket or some form of spinal brace. Plaster of paris when skilfully applied is preferable to braces because the child or parents cannot make any changes or adjustments on it. We often find irresponsible parents who unbuckle straps and take off the braces or allow the children to do so. When wearing plaster jackets a great deal of comfort may be given to the patients by including a scratch band. This is simply a long piece of muslin six inches passed under the shirting of the jacket, right next to the skin. It extends twelve inches above and below the jacket. This strip of muslin is grasped at each end and drawn up and down "scratching" every part of the skin under the jacket. Alcohol may be poured on the scratch band, followed by talcum powder.

This refreshing bath may be given twice daily—it is usually demanded by the child.

When a brace is worn it may be removed once or twice a week—always being careful about recumbency—for purposes of bathing, etc.

Children with joint tuberculosis must be considered to be suffering with tuberculosis, therefore, the same hygienic rules apply to them.

They must be well fed, spend much if not most of the time out of doors and sleep with open windows.

The complications of spinal disease are abscess, which occurs in about thirty per cent. of the cases, and paralysis which occurs in fifteen per cent.

With proper care, as indicated above, the prognosis as to the ultimate cure is good. The duration of treatment is from two to four years.

SPINAL DISEASE

Spinal disease, also known as Pott's disease, is a tubercular inflammation of the bodies of the vertebra. The inflammation goes on to destruction of the bone tissue until the front part of the spine crumbles away, the weight of the upper part of the body bearing down causes the spinous processes to project backward and form the familiar hump.

If the disease is recognized early and proper treatment with braces and jackets applied this deformity can be prevented. The early symptoms are pain—not in the spine but referred to the chest or abdomen. The child does not wish to run and play as formerly, sits around more and walks carefully, avoiding jars, cries when being

dressed or moved much; it also screams at night during sleep.

All these symptoms should make the diagnosis easy, but very often this is not made until the deformity appears.

TREATMENT

Regarding treatment, let me enunciate a few general principles which hold good for all joints affected by subcutaneous disease.

The first requisite in treatment is absolute rest of the diseased joint. This is accomplished by means of the plaster-of-paris dressing, such as jackets, spicas, etc., or steel braces, leather, celluloid and paper corsets, etc.

Whatever apparatus is selected is used to immobilize the joint, to prevent irritation and friction of the joint surfaces and to take off the body weight.

Surgical Complications in the Abdomen During Typhoid Fever

In the *Medical Record*, Dec. 14, 1912, Dr. Chas. M. Remsen advances the opinion that if we would put typhoid on a true pathological and surgical basis, view it from this standpoint, and look upon it as a potential abdominal calamity, and if we would familiarize ourselves with the signs and symptoms of the normal typhoid abdomen and with each separate case, and if we would realize that with speedy operation under proper conditions there need be little fear for the safety of our patient, and, if we would make as our criterion for operation the absence of a certainty that perforation did not exist, rather than a certainty that it did exist, and if we would realize the fatal issue that was involved in delay, it was not possible, but certain, that many cases of

typhoid dying from perforation, entirely unrecognized, would be reduced to a minimum, and the cases of recognized perforation would enter more and more into their true surgical sphere and be eliminated from the known causes of death in typhoid fever.

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Care of the Eyes

Summing up the measures which can be used by all to avoid eye disorders, there is first, strict cleanliness; second, avoiding infection by bacteria of other microbes; third, the proper use of the eyes, avoiding overtaxing the sight, especially when the body is weak; fourth the adjustment of proper glasses so as to correct any error of refraction or other defect which can be remedied by proper lenses. Much suffering can thus be prevented as well as total blindness and impaired eye-sight.—*Exchange*.

Examination of Trained Nurses for the United States Philippine Service*

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THE United States Government employs thirty-one American female nurses in the Philippines, and during the year 1912 thirteen additional American female nurses were appointed.

Graduate nurses desiring appointments in the Philippine Islands must make application to the United States Civil Service Commission at Washington, D. C., for information as to dates and places of examination. The examinations are conducted by the Civil Service Commission, which rates the papers and forwards them to the War Department. The papers are then sent to Manila, where selections are made by the Philippine Bureau of Health as vacancies occur. A recent photograph of each applicant must accompany each application.

Women who apply for the position of trained nurse in the Philippine Service must be between the ages of twenty and forty. They must be graduates of schools for trained nurses which have at least a two-years' course and have had at least one year's subsequent experience in a modern and well-equipped hospital.

Examinations for the position of trained nurse in the Philippine Service are held only when the needs of the service require the holding of an examination, and applications may be filed only when an examination is pending. All applicants are subjected to a personal, a medical and a competitive written examination, conducted by the United States Civil Service Commission. This examination is similar in every respect to the examination of nurses for the United States Indian Service, which has been de-

scribed in a previous number of THE TRAINED NURSE AND HOSPITAL REVIEW.*

When the Bureau of Insular Affairs of the War Department is notified by the Philippine Bureau of Health of the selection of a nurse it furnishes the appointee with a provisional appointment and arranges for her transportation to Manila. The contract period is two years and the salary is fifty dollars per month for the first six months, with subsistence, quarters and laundry. This is a probational period and the appointment will not be made permanent unless the nurse's work has been satisfactory. If at the end of six months her services are deemed satisfactory, she is given a regular appointment at \$60 per month, with subsistence, quarters and laundry.

The transportation furnished includes simply the railroad ticket, without sleeping-car accommodations or meals, to the port of embarkation and first-class berth, with meals, on the steamer. The cost of actual and necessary expenses, such as meals, hotel room, moving baggage, etc., must be advanced by the nurse. Receipts must be secured for all money so spent. The cost of the transportation thus advanced is deducted at the rate of 10 per cent. of the salary each month, but after two years' satisfactory service the amount so deducted, together with the amount of necessary incidental expenses paid by her, is refunded to the nurse. A nurse may also advance the cost of her transportation and have the money refunded after two years' satisfactory service. The salary begins the day following her arrival in Manila, but after two years' service she is also paid half salary

*Reprints of this paper may be obtained from the Editor.

from the date of embarkation until that of her arrival in Manila.

After the six months probation nurses are entitled to vacation leave, at the rate of twenty-eight days per annum. This leave does not accumulate if unused during the current year. After two years' satisfactory service she is also entitled to thirty days' accrued leave for each year of satisfactory service, computed from the date of the probational appointment; accrued leave cannot accumulate for more than five years. Time lost on account of illness is charged against the vacation leave. After three years' satisfactory service a person using accumulated leave to visit the United States is allowed thirty days of travel time on half pay coming home, and the same period returning, in addition to the accumulated leave.

Promotions may be made at any time, but not oftener than once a year. They are based on ability and adaptability. Seniority of service is not a factor in promotions, except where nurses are equally capable. After their work has been thoroughly tested, so as to warrant it, promotion may be made to the position of chief nurse at seventy dollars per month, and their pay may be increased at the rate of 10 per cent. a year for satisfactory service, until they are drawing a salary of eighty-five dollars per month.

The work of the American nurses is largely that of supervision, owing to the number of pupil nurses in training. All nurses are subject to assignment in any position of the Bureau of Health, without increase of pay, and each nurse will be expected to take her share of communicable disease nursing at San Lazaro Hospital, or elsewhere. At present this amounts to less than two months a year; in cases of epidemics or other emergency it may be lengthened. As the force of nurses increases this time is correspondingly decreased. Nurses are not isolated nor quarantined while on such duty. Rigid measures of disinfection are observed and the nurses have the same

liberty as the doctors who have charge of this work.

The day in the Philippine hospitals is divided into three shifts of eight hours each and these hours are as closely adhered to as the exigencies of the service will permit. The uniform worn by the nurses is a plain white shirt-waist suit, with stiff Bishop collar, which fastens in the back, similar to the United States Army nurses' uniform. Short sleeves and low-neck waists cannot be worn. Caps are uniform and are to be made after arrival in Manila.

Return transportation is not paid by the Government. If, however, a nurse has been ill or there have been unusual and extraordinary circumstances in her particular case, an effort will be made to secure her transportation to San Francisco on an Army transport, which would only cost her \$1 per day for subsistence, or about \$30 for the voyage.

Nurses possessing proper qualifications, but who are not American citizens, may receive temporary employment under the same rules and regulations. They will, however, not be allowed transportation or leave of absence. If their services at the expiration of one year are satisfactory, recommendation may be made to the Governor-General to waive the citizenship clause and place them on the same permanent basis as the regular nurses.

More than three-fourths of the nurses are on duty at the Philippine General Hospital, which is a modern institution of three hundred and fifty beds for the treatment of acute diseases. The buildings are of reinforced concrete, were only recently completed and are probably more modern than those of any hospital in the Orient. Connected with the Philippine General Hospital there is a nurses' home. It has all modern conveniences, including electric light and fans, hot and cold water, large, commodious verandas, and special provisions for outdoor sleeping.

Gleanings From Medical Literature

Anesthesia in Infants and Children

Thereon W. Kilmer, M.D., in *Archives of Pediatrics* (July, 1912), discusses the subject of administering anesthetics to infants and children in a manner so thoroughly practical and helpful that every nurse who is especially interested in anesthesia would find much that was valuable in the entire article. The article discusses the preparation of the child patient, as distinguished from the adult; the choice of anesthetic; accidents during anesthesia; method of administration. Some of the practical points in the article are as follows:

"The best time to administer an anesthetic to an infant or a child is eight o'clock in the morning after he has had a good night's rest, and before he begins to fret for food.

"No anesthetic should be given within five hours of a meal not easily digested.

"The vitality of many infants and children has been unnecessarily lowered by too long fasts before operation.

"The use of too drastic cathartics is to be deprecated. In infants an enema an hour before operation is all that is required. In children, a teaspoonful of syrup of rhubarb or aromatic cascara given the night before and a low soapsuds enema in the morning of the operation is sufficient.

"A child whose naso pharynx is obstructed to a great degree by adenoids or tonsils may suffer from dyspnea while under the anesthetic. He will become cyanotic very easily.

"It is of great advantage for the anesthetist to get at once on good terms with the child, never to fool him, or to tell him any statement which is not absolutely true. The anesthetist will get along better with

his little patient if he ascertains the child's first name and tries to make the child his friend from the moment he sees him.

"It is our duty to see that the operator, his assistants or nurses in no way lean on the patient, and that no heavy surgical instruments should rest on his chest or abdomen.

"Examine the child's mouth for any loose teeth which may during the anesthesia become dislodged.

"Children understand a great deal, therefore * * * there should be absolute quiet during the induction of anesthesia.

"If continuous vomiting occurs, * * * wash out the stomach before the anesthetic is begun.

"The anesthetic should be administered when the child is on the operating table.

"Never leave the patient alone after the operation until he is conscious or falls into a normal sleep.

"If you leave the child alone or with an incompetent attendant the patient is running the following risks; he may roll his head into a faulty position and his respiration become impeded; he may vomit and become asphyxiated; he may suddenly sit up and have a fatal attack of syncope.

"Never begin the anesthetic until the surgeon is ready to operate.

"A breast fed infant can be put to the breast two hours after coming out of the anesthetic. He should be nursed then, for only half the usual time.

"A child may be given hot broth two hours after coming out of the anesthetic. In throat cases the first food should consist of cold broth.

"The best and safest anesthetic for a healthy infant is ether by the open drop

method. The best and safest anesthetic for a healthy child is a small amount of nitrous oxide gas, just enough to deaden the sensibilities, followed by ether by the open or by the closed methods.

"The first things to use in an accident of anesthesia are your hands and your head, *not* a hypodermic syringe."

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The Management of Sciatica

Watson in *The British Medical Journal* divides sciatica cases into two main groups: (a) Primary group, which includes sciatica neuralgia, sciatic perineuritis, sciatic neuritis; (b) secondary group. This includes all those in which the condition is due to involvement of the sciatic nerve, by pressure, or the spread of inflammatory processes. Hence the importance of making a complete and systematic examination before diagnosing primary sciatica. It is stated that a rectum overdistended with scybalous masses sometimes exerts sufficient pressure to give rise to sciatica, but whether this be so or not, it is at any rate quite sufficient to aggravate the condition if already present. It includes those cases of sciatica due to tuberculous or osteo-arthritic disease of the spine, bones of the pelvis or hip-joint.

As to treatment, rest in bed is essential and a water-bed is advisable, the sheets being either of wool or cotton and not of linen. Woolen socks and pajamas should be worn. He fixes the limb with a long Liston splint, which adds greatly to the comfort of the patient when he has become accustomed to it, and does away with the startings, which are such a painful feature of the disease. Should this prove unsatisfactory, it should be slung in a fracture cradle. The limb should be kept very warm, preferably swathed in cottonwool. A dose of calomel should be given, followed by a saline in the morning. . . Tonics are very

necessary when the acute symptoms have subsided.

Regarding local treatment, many pin their faith to fly-blisters; the disadvantage of these is that if not effective they interfere in a measure with the adoption of other methods of treatment. Hot linseed poultices, antiphlogistine, a canvas bag containing mustard bran, electra cloth applied along the course of the nerve, are all good methods of counter-irritation.

Stretching is advocated as a last resort. As to further treatment, the patient is especially cautioned against sitting on a cold seat of a draughty water-closet; he is advised to use a felt cover.

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The Surgical Importance of the Breast

Dr. E. D. Martin is quoted in the *Medical Record*, Dec. 14, 1912, as saying that if one-tenth of the time and labor expended in the elaborate operations devised for the cure of cancer had been devoted to its prevention, more women would be alive to-day to sing our praises. An important duty was the instruction of patients as to the care of the breasts. The expectant mother or nursing woman should be taught how to care for the nipples, for infection through a fissured nipple would not only lead to abscess and sometimes to complete destruction of the gland, but would leave scars to light up at some future time into inoperable carcinomata. In an experience of more than 150 cases of cancer of the breast upon which he had operated, three-fourths being on colored women, the latter already malignant when operated upon, he was not able to-day to point out more than four of these who had lived over a period of six years, and only twelve whites. Here the percentage was larger because they were seen earlier. Every week he turned away from his clinic cases too far advanced for even temporary relief.

Editorially Speaking

Nurses and Laws

The movement to restrict by law the use of the term "nurse" to those who have completed a full hospital course and are registered under present registration laws, has recently been advocated as a fundamental principle on which all nurses should unite. It seems perfectly pertinent to ask when did this new demand become a *fundamental principle* and why have we been so blind these forty years and more, that we have not discovered, before, that this thing was *fundamental*.

When registration laws were enacted in numerous states, it was affirmed that no attempt was to be made to restrict or interfere with any others who were in the field of nursing, but only to give the higher grade nurses a distinctive title which no one else should use. This demand seemed fair. It has been granted freely, and there has seemed to be little if any disposition to claim the R.N. by those who had not fairly earned it. In this demand nurses were supported generally by hospital superintendents, trustees, and members of medical staffs who believed that the nurse who had put in from two to three years in a hospital school, deserved some distinguishing mark. Long before there was any other nursing or hospital magazine in America, THE TRAINED NURSE AND HOSPITAL REVIEW advocated this just demand.

We never believed, however, that it would accomplish the reforms its very optimistic advocates claimed that it would. We have seen and pointed out the glaring defects in present laws, yet have stood for the fundamental principle that American justice

should give to the nurse who had invested years in acquiring training and skill a distinctive mark, if she desired it. But when it comes to attempting the copyrighting of the common English word "nurse" which for centuries has been used to designate any one who gave personal bodily care to the sick, infirm, and helpless, we would be surely deserving of censure, if we did not protest in the name of the overwhelming majority of nurses who regard this latest movement on the part of a small faction of nurses, as a tremendous blunder.

In a paper read at a meeting of the section on medicine, of the Academy of Medicine, New York, Miss Goodrich, Inspector of Training Schools for Nurses in New York State, states that "*ninety per cent.* of the women now practising nursing have either had no preparation whatever, or have been prepared through correspondence courses or in the so-called short course schools which means a few month's experience in the home of the sick, together with some theoretical instruction." She then goes on to say that of the 10 per cent. who are hospital trained "the training may have been obtained in general or special hospitals or sanatoria having a daily average of from six patients to four thousand, and cared for in houses more or less remodelled for the purpose, or in the most perfectly constructed and equipped hospitals." She further states that "*a large per cent. of the so-called general hospitals should be entered under the head of special.*" Taking the country as a whole, it is doubtful if in the states where registration laws are in existence, one-half of the nurses who are eligible for registration have cared enough about registration to register.

The number is much less than one-half in many states.

Thus we find, if the figures which Miss Goodrich gives are correct, that not over 5 per cent. of the present practising nurses are registered; and it is safe to say of those 5 per cent. not one in one hundred ever dreamed of demanding as a fundamental principle that they and they alone should by law be allowed to call themselves "nurses." Every nurse with well-balanced judgment knows that such a law could never be enforced even if it were secured. It is "class legislation" of the most pronounced type, and is certainly not calculated to popularize the registration cause. What the American nursing cause needs at this time is nurses who not only do not believe in the absurd proposition, but nurses with courage enough to get up in meeting and say so. They will of course be branded as "disloyal" and "commercial" by the little faction which is back of the proposition, but they have so much company in the 95 per cent. of nurses in the field, in the hundreds of thousands in the medical profession, in the rank and file of hospital executives, and the general public, that they ought to have courage enough to be true to their convictions and enter a protest. If the dissatisfied 5 per cent. want a title more distinctive than R.N. let them apply for a law making them *professors or doctors of nursing* or some other title of distinction in addition to or instead of R.N., but let us refuse to ask for a law which even if secured, could never be enforced.

A well known medical man who is highly amused at this latest move in nursing affairs in New York State, has written us suggesting that it was time some one started a movement to dignify the term "Professor" which sadly needs "dignifying" at the present moment. There are at least a dozen other good common nouns (and verbs) which might be dignified by act of Congress, if some group of benevolent individuals

would only get together and frame a little law to that effect.

At a meeting of the Hospital Conference of the city of New York, held February 18, 1913, for the purpose of considering the bill referred to, the following resolutions were adopted:

RESOLVED:

First, that we, as a conference, disapprove of the proposed amendment.

Second, that as the training of nurses concerns not only associations of nurses, but also physicians, hospitals, and the public at large; we recommend that the legislature appoint a committee on nursing, composed of representatives of the State Nursing Association, the medical profession and hospital trustees.

Third, that we recommend specific rather than general laws on nursing matters, and that no new restrictions shall be placed upon training schools without the sanction of the legislature.

Fourth, that copies of these resolutions be sent to the board of regents, the commissioner of education, the various boards of trustees of the private and public hospitals of the State, and all the medical and nursing journals circulated in the State of New York.

Fifth, that a committee be appointed to represent this conference, and to present these resolutions at any hearing which may be granted by the legislature to consider the proposed amendment, and to take such measures as may be considered desirable for the furtherance of the purposes of these resolutions.

A special sub-committee of the Hospital Conference met on March 11 and adopted a paper, drawn by Mr. George Reeves of the New York Hospital, designed to be sent to the medical and nursing journals and the hospital boards of New York State. The paper follows:

On behalf of the Hospital Conference, representing the trustees and superintendents of the public and private hospitals situated in Greater New York, we beg to call your careful attention to Senate Bill 943 (Int. No. 853), introduced by Mr. Seeley, entitled, "An Act to amend the public health law, in relation to the practice of nursing."

This act appears to have two principal objects. The first is to prohibit any person not registered by the Regents of the University of the State of

New York, from "practising" as a nurse. There is no definition of what is meant by "practising as a nurse," nor any penalty for violation of the statute. It would appear to prohibit any person from acting as a "nurse" for a child.

In the next place, the act gives to the board of examiners of nurses (who are nominees of the New York State Nurses' Association) the power, not only to examine and certify nurses, but also the power to hear charges against nurses and to recommend to the regents the revocation of their licenses. It seems clear that such large powers should not be granted.

The Hospital Conference, therefore, strongly disapproves of the pending bill. It believes that the training of nurses concerns not only associations of nurses, but also physicians, hospitals and the public at large, and it believes that the ultimate control of methods of training and discipline should be in the hands of a board that represents the medical profession and hospital trustees, as well as the nurses themselves. The Conference also believes that no new restrictions should be imposed upon hospital training schools without the express sanction of the legislature.

We trust that you will join with us in opposing the passage of Mr. Seeley's bill. It is now in the Senate committee of public health.



What Are High Ideals?

We have read with interest the reports of the Annual Convention of the American Association of Nurses, as carried back by the delegates to their respective associations. We were particularly impressed by one report in which we find the following: "Miss Grace Allison's paper on 'Shall Attendants be Trained and Registered' was followed by a lively discussion. The consensus of opinion seemed to be, that if we wish to attain high ideals in our work, we cannot recognize two standards. There is always the need and demand for cheaper service, *but if the attendants and practical nurses want registration and recognition, let them agitate the question themselves.*" This reminds us very forcibly of that historic utterance attributed to the late Commodore Vanderbilt, when he said, "The public be —." For it practically asserts "what have we to do with the people of moderate

means or those who nurse them. Let them look out for themselves."

In discussing the question of the nursing care of the sick of moderate means, Dr. Charles Stover in his brilliant address before the graduates of the Amsterdam Hospital Training School for Nurses said: "A modern Nightingale is needed to organize a service that may do for our social life what has been so successfully evolved in military warfare," and again, "What I hope for at the present time, is that the rapidly growing army of nurses appreciating its opportunity, will take an important place in this advance movement." We fear Dr. Stover will receive little encouragement from the "consensus of opinion," of the American Nursing Association, if the delegate above mentioned represented it correctly.

Another pertinent remark of Dr. Stover's in the same address is this: "In proportion as associations are wisely administered for the common good, and not exploited for personal preferment, they attain their highest usefulness." Let each member of a nurses' association who reads these words consider whether her own association measures up to this standard. Dr. Stover's address is published in this number of THE TRAINED NURSE AND HOSPITAL REVIEW, and contains much food for thought.



The Dividing Line

The dividing line between the province of the nurse and the province of the physician is an important line to be recognized, even though there are places where it does not show up very clearly. There has perhaps never been a time aside from the first difficult pioneer years, when criticism of nurses because of their going beyond the ordinary province of a nurse has been so rife among physicians as it is to-day. And it must be said in justification, that there has been plenty of ground for criticism. It used to be stated with considerable emphasis that

only the half-trained or less intelligent and less cultured among nurses were guilty of going out of their own province and assuming responsibilities which belonged to the physician. So many incidents have been, and are being brought to our attention, in which nurses have become trespassers on the physician's province that one is led to question whether in the clamor for *theoretical* high standards, we are not in danger of overlooking the high ethical standard which the nurses of thirty or forty years ago held up in trying to make clear the fact that the trained nurse had a great field of her very own, a distinctive work, closely allied to, but different from that of the physician.

In New York City the question of the dividing line between the nurse's and physician's province has been discussed with considerable heat this past year, in some medical societies, owing to some re-arrangement of duties connected with public health service which transferred to nurses certain responsibilities for which physicians had previously been paid. Also the invasion of the anesthetists' field by nurses has furnished another cause for public and organized protest on the part of certain physicians. That nurses can be taught to give anesthetics skillfully and satisfactorily has abundant proof. That the duty in question is one which legally belongs to physicians is unquestionable. It is quite within reason to believe that nurses could be taught to do a curettage or even a hysterectomy, and the question comes in where the nurse should draw the line, for apparently much is left to the *nurse's judgment* and sense of the fitness of things. A letter from a valued correspondent a short time ago asked the question whether it was within a nurse's province to do a skin-grafting operation if "*assisted*" by a physician, and cited a case where this had been done. The physician was responsible for this particular incident, and it appears,

argued before a group of nurses that "*the delicate touch of a woman's hand is more naturally fitted to do the fine work required in skin-grafting.*" Now if the question is simply one of *delicacy of touch*, where is the line to be drawn, for there are numerous operations in which delicacy of touch would seem to be quite as important as in skin-grafting—in operations on the eye for instance, and various other lines of surgery which might be mentioned.

One great difficulty in regard to the dividing line is that the medical profession is far from being agreed about it, and it is safe to say that in most cases the physician is responsible for nurses assuming responsibilities which belonged to the physician. There was a time when the passing of a catheter or a rectal tube was recognized as a duty belonging solely to physicians—and this not so very many years ago. Gradually one duty after another has been given over to nurses, especially duties which needed to be done with any degree of frequency. Perhaps after a while skin-grafting, curettage, and other operations will be handed over also to nurses—but in the meantime what is, or should be the attitude of nurses in general about this dividing line?



The Court Nurse

In order to prevent a recurrence of the tragedy which occurred in a Chicago Court of Domestic Relations recently, when a baby died there of starvation, Judge Uhler will ask for a court nurse, to be installed in the "mother's room" which is kept up as an adjunct of the court. He will also ask that some of the large milk firms of Chicago will give a quart or so, of milk each day to be used in feeding hungry babies. The mother's room is already supplied with toys and easy chairs, but while these are good in their way, they were not much good in the case of the sick mother and her starving baby.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans, in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Fallacy of Fumigation

Progress is disconcerting, because many, many times it is preceded by disillusionment, and none of us enjoy the disillusioning process. If you don't believe that progress is disconcerting, gaze again, serious reader, upon this title, *The Fallacy of Fumigation*. You remember, of course, how you have religiously gone through the preparations for fumigation and breathed sighs of satisfaction when it was concluded. At least that part of the hospital was safe, for you had seen to the thorough fumigation yourself. Now comes along the disillusioning angel of progress, who glibly writes of "The Fallacy of Fumigation." Well, anyway, you say, you wouldn't have felt right not to have fumigated. And at last you reluctantly remark that "fumigation will go on because its 'suggestive effect' is good." And then you can't help your mind wandering on and on, till you find yourself asking: "How many other disinfectants have been and are being used for the 'suggestive effect?'"

It appears that at the International Congress of Hygiene and Demography at Washington, the conclusion was reached, to quote from the *New York Medical Journal*, "that disease is almost invariably conveyed by contagion and not by infection;" that is to say, by contact, either direct or indirect, with a patient suffering from the disease in question. The method of direct infection is obvious; indirect infection is caused mainly by the inhalation of dust acting as a vehicle for the pathogenic organisms diffused by an infected person.

This conclusion, in conjunction with the appointment of a joint committee of this congress and of the International Congress of Applied Chemistry, with the object of defining a simple method of testing disinfectants, may have a far-reaching effect upon the health of the nation. At first sight the appointment of this joint committee may appear to be of little more than academic interest. Such, however, is not the case. At the present time, in this country, there is no accepted method of controlling the sale and manufacture of disinfectants, and the result is the use of many

preparations which are disinfectants in name only. When once a workable test has been decided upon, this abuse will come to a speedy end, and users of disinfectants will be able to assure themselves in advance that the preparations which they employ are capable of performing the work required of them.

An illustration of the unsatisfactory condition of disinfection in this country may be found in the practice of fumigation by means of formaldehyde. Contrary to the generally accepted notion as to the use of formaldehyde for fumigating rooms, this disinfectant *does not act in the form of a vapor or gas*; in practice, it is dissolved in the minute droplets which result from the condensation of steam, in the absence of which formaldehyde has no bactericidal action whatever. Water will take up in solution 40 per cent. of formaldehyde gas, in which form it is known officially in the *United States Pharmacopœia* as "formaldehyde solution," the Rideal-Walker coefficient of which is 0.3, *i.e.*, it has about one-third the efficiency of pure carbolic acid. If we take one part of carbolic acid in twenty parts of water as our standard of efficiency, to prepare a solution of formaldehyde capable of doing the same work, one part must be mixed with six parts of water.

We now see the difficulty of obtaining uniformly trustworthy results when working with formaldehyde. If too much steam is admitted into the chamber the ultimate dilution produced may be too weak, and if too little steam is admitted, part of the formaldehyde will be unavailable, *i.e.*, it will remain in the gaseous form, which as already explained, has no bactericidal action. Compare with this the ease and accuracy with which a standardized disinfectant can be prepared and applied in the form of a fine spray.

The *British Medical Journal* for November 3, 1894, referring to the disinfection of rooms by fumigation, stated: "On the ground even of economy there is no comparison between this obsolete process and a disinfectant spray, and while cases of renewed house infection are familiar to almost every medical officer in this country, we have Dr. Dujardin-Beaumetz's authority for saying that

where the disinfectant spray has been introduced they are practically unknown in France."

Hospital workers everywhere will surely welcome the standardizing of disinfectants.



Hospital Helpers in New York State

In a paper on the subject of "Public Hospitals in New York State," read at the annual meeting of the medical society of that State, Robert W. Hebbard, secretary of the State board of charities, mentions the difficulties encountered in securing efficient help for hospitals. "No matter," he says, "how perfect and adequate the plant, the best results are impossible if the hospital employees are not of good character and ability, or have reason to be dissatisfied with their compensation and maintenance. Aside from the regular nurses, as a rule, the lower grades of help coming into contact with the patients at the public hospitals are not sufficiently paid to enable the institutions to secure suitable employees. A notable example of this evil is to be found in the hospital helper class of the department of public charities in New York City, where between seven and eight thousand changes have to be made annually, to keep a little over a thousand places filled. This is particularly true at Randall's Island, where sick and mentally enfeebled children are cared for in large numbers, and where, strange to say, the pay is lowest. There has been much undeserved criticism of the institutions on this island, but little effort has been made by the critics toward securing a better-paid class of helpers at such institutions."



An Illustration That Illustrates

Some illustrations illustrate. Others do not. Some illustrations illustrate more than one thing; the following illustration, for instance, clipped from *The Survey* of February 8. It is respectfully commended to the attention of the committee on preventive work of the American Hospital Association:

"The following is the record, according to Robert W. Bruere ('Where Philanthropy Fails,' the *Metropolitan*), of a true case copied from a dispensary record. It is used to illustrate how medical, and other, philanthropies, 'handle their cases without reference to the industrial causes which produce them.'

"It is perhaps a better illustration of the lack of centralization of responsibility for charity cases attended by medical students:

"Booth, Mrs. David. Case reported by society nurse who had been visiting a patient in

same building. Obstetrical nurse sent at once. Found woman in serious condition—Tem. 103 ; p. 128; r. 28. Bathed mother and baby.

"Learned following details from a neighbor, who has been with patient off and on during illness: Woman's first baby. Husband earns \$5.00 a week when on full time; is on part time and threatened with loss of place if he stays out one day. No one to look after woman but neighbors; often alone for hours. Baby came Friday night, five days ago. Delivered by 'hospital doctor,' and left without ordinary attention. Until nurse called, patient had not had hands or face washed; in absence of proper wrappings neighbor had bound old rag about her; no bedside attendance.

"On Saturday, woman very ill; suffering severe pain. Second 'hospital doctor' called; assured woman that she was getting on well, that suffering was natural. Each succeeding morning, different 'hospital doctor' called, one ordering an ice cap, the next a hot water bottle, but none taking radical measures to relieve woman's condition. (These were student doctors.)

"On fifth day, professor brought in (by a student doctor who had a perplexed conscience as well as a puzzled judgment). Professor immediately saw cause of trouble; said woman must go to hospital for operation, but must wait a few days until stronger. Ordered her to be propped in Fowler's position, but as there was no one to prop her, order not carried out. Wednesday, Society nurse found woman in condition reported above.

"Thursday. Found baby crying pitifully from hunger. 'Hospital doctor' told mother she must not nurse baby because her milk is not good, but did not tell her what to give instead; for twenty-four hours baby has had nothing but sugar and water and a little fennel tea. Mother a little better; encouraged by professor's visit.

"Friday—Mother very much worse; high temperature and frequent chills. Found neighbors gathered in back room of the two-room flat, tensely discussing situation. They had repeatedly telephoned to hospital's district office; finally one woman had gone in person and said, 'If something is not done quickly, she will die,' and was told, 'We can't help that—we are doing all we can.' Though themselves very poor, they decided to send out and pay a doctor to see Mrs. Booth. Dr. K—, of S— St., came, but refused case when told it was in charge of 'hospital doctors.' He 'phoned, however, to ask why hospital did not take woman in. They asked who he was, and why he interfered. But at 9 P.M. they sent doctor. Neighbors now in a

frenzy. One woman called doctor aside and rebuked him for neglecting Mrs. Booth. He became angry and, without looking at patient, left, saying: 'Since you know my business better than I, you doctor her. I dismiss the case; I refuse to have anything further to do with her.'

"Saturday—Neighbors again sent for private doctor this morning. Dr. G—— came, but like Dr. K——, declined the case. Nurse called this afternoon and found patient in desperate condition. Tem. 105 ; p. 136; r. 30. Repeated chills, vomiting, and agonizing pain.

"Phoned to hospital at once. Was told that case had been dismissed for good reasons, and they did not care to discuss it. Reported to Society. Head worker got hospital superintendent on 'phone, and after stormy interview received promise that woman would be received. At 7 P.M. ambulance called."



The New England Baptist Hospital

Some sage has said that "all things come to him who waits." A great many hospital people have proved the truth of this sage remark. One of the most recent illustrations (so far as hospitals are concerned) that it pays to "learn to labor and to wait" is seen in the experience of the New England Baptist Hospital which has recently received by the will of Mrs. Charlotte Ames Brown, the bulk of an estate valued at \$700,000. Brockton Hospital receives \$60,000, and other institutions smaller bequests. New England Baptist Hospital receives the stated sum of \$250,000 to be expended for a new building, and is made the residuary legatee, which will probably mean for the hospital an additional \$250,000 or more.

This institution has won for itself a unique place among the institutions of New England and in the American hospital world, and has done it without many of the things which other hospitals have thought to be essential to successful work. It is a fine example of what good nursing, combined with a "home" atmosphere which is all too rare in institutions, can achieve in spite of handicaps. It began its work in a quiet way, in an old house, without visible means of support. The one thing it could do and did do, was to give its patients a high grade of personal individual attention—a thing which many larger institutions with large endowment and superb equipment have not always found possible.

Much of the success of the institution has been due to the high character of those associated with the hospital—medical staff and nurses, women's

auxiliaries and trustees, and last but not least, to the rare ability and spirit of the superintendent, Miss Anderson, who has guided the affairs of the institution for over fifteen years. As the work grew, and demands for accommodation increased, with little money to expend, the plans for the tent hospital which has been used six months or more each year developed. Then when tents had to be abandoned in winter, bungalows with wide piazzas sufficient to accommodate bed patients, outside for many hours during the day, were added to the hospital accommodation. The superintendent has often said that their chief "stock-in-trade" was fresh air, and as they found that doctors and patients wanted fresh air and appreciated it, they found it advantageous to arrange to give it. The plans and methods which this small hospital has developed, and the policies pursued, are well worthy of study by other small hospitals. It remains to be seen whether the hospital will be able in the larger building, to preserve the "home" atmosphere of the institution, and live up to the enviable record which the small hospital has made for itself; but all who know of the hospital and its work will rejoice that it is to be given the increased facilities it has so long needed and deserved.



Mt. Sinai Hospital, N. Y.

In the annual report the following statistics relating to Mt. Sinai Hospital are given:

Receipts, \$44,294.51; expenditures, \$450,661.33; deficit, \$2,366.82; bequests, \$56,165.65; for the dedication of perpetual beds, \$40,000; memorial beds, \$8,500, and life beds, \$4,500.

Gifts from individuals amounting to \$29,153.46 were received, and from societies and lodges, \$1,480. Two endowment funds were established, one with \$10,000, presented by Elias Asiel, and another with \$10,000, given by Eugene Meyer. This makes the whole endowment fund \$235,000.

The number of patients treated in the year was 8,204, making the total number admitted since the hospital was founded 134,669. In 302 dispensary days there were 236,297 consultations, and 104,372 prescriptions were issued. Treatments in the wards came up to 8,204, while 5,296 persons were cared for in the accident ward and 93 by the district staff.

The record of membership shows an enrollment of 313 donors, 144 associate donors, 981 patrons, 4,435 members and 45 juniors.

The board expects to spend not less than \$1,350,000 in new buildings, extensions and gen-

eral improvements of which \$650,000 has already been secured. When the new buildings are completed the property of the hospital will embrace practically the entire tract from Ninety-ninth Street to 101st Street. The proposed structures will include two wards containing 100 beds each, dormitories for the nurses and other employees, a pathological institute, and a special service building for the children's work.



Homeopathic Hospital, Rochester, N. Y.

The Homeopathic Hospital, Rochester, in its annual report states that of the 140 beds and cribs in the hospital only 27 of them pay more than the actual cost which is \$14.21 weekly. In discussing the support of the hospital the secretary, Mrs. Montgomery, makes some interesting suggestions:

"Because," she says, "our method of soliciting funds is so direct, so free from any of the older and more dramatic methods of appeal, it is doubly necessary that the needs be presented in concrete form.

"I wonder if there are not many children who would enjoy the privilege of feeling that they are helping the hospital? Any child can run this entire hospital, heat it, pay the nurses, feed the patients, pay the help, maintain the laundry, run the surgical ward and the dispensary and the ambulance for 15 cents a minute. How perfectly thrilling that is! It makes all the dimes and nickels fairly ache to try the job. Think of it, one thin dime and one fat nickel supporting this big institution for one whole minute! Perhaps a school or a Sunday-school class, or a family of youngsters, would like to play Atlas for an hour in carrying on their shoulders the support of the hospital that took care of more sick people last year than any other in Rochester. They could do it for nine dollars. A still larger group could assume the support of the hospital for an entire day for \$218."

Patients to the number of 2,761 were treated in the hospital during the year at a cost of \$91,923.22. District nurses made 2,186 calls.



Jamaica (N. Y.) Hospital

The Jamaica Hospital, which has been doing a very creditable work for twenty years, standing in class "A" of similar institutions in the state, notwithstanding serious financial difficulties, determined to "clean up" in November.

A short-term campaign expert, Mr. A. F. Hoff-sommer of Harrisburg, Pa., was engaged to serve the authorities and more than 500 men and

women of the community were organized and carried through a whirlwind campaign in twelve days, going \$15,000 over the mark aimed for, thus not only providing a permanent endowment fund of nearly \$60,000 but paying off all indebtedness, providing for extensive alterations and repairs and furnishing the hospital with an auto ambulance.

Nearly 6,000 contributions were made and the entire community interested and enlisted as never before. The best business and professional men of the city were actively identified in the effort and all agree that not the least advantage of such a campaign is the attention and consequent interest that is focused upon the institution. The Jamaica Hospital will hold a place in the community which it could not have attained in many years of good work—all as a result of twelve days of concentrated effort in which was enlisted the best brains and blood of the place.



A Great Convalescent Hospital

The first steps to spend the \$6,000,000 left by John Masterson Burke to help humanity were taken when Dr. Frederick Brush, formerly of the Post Graduate Hospital, was appointed superintendent of the Home for Convalescents in White Plains which the Winifred Masterson Burke Relief Foundation intends to erect and endow at a cost of about \$1,500,000. McKim, Mead & White were appointed architects. The institute is to care for poor convalescents from all parts of the country regardless of religion or race, and the plan for the institute includes a number of cottages for both sexes that are to be grouped around a central building and connected with it by passages.



The City Hospital at Owensboro, Ky. is rejoicing in the increased facilities for work provided in the new building which increases its capacity to 75. For a number of years it has been efficiently managed by Mrs. Ella Green Davis, to whose energy and planning much of the progress is due.

Mr. J. E. Ellis has resigned as Superintendent of the Maryland General Hospital, because of ill health.

The dental surgeons of London, Ont., have offered to give their services to poor children who need dental treatment. A dental clinic is to be established in connection with Victoria Hospital.

Book Reviews

Medical Inspection of Schools. By Luther Halsey Gulick, M.D., and Leonard P. Ayres, Ph.D. Revised edition, illustrated. Price, \$1.50.

This volume is a revision of "Medical Inspection of Schools," published by the Russell Sage Foundation in October, 1908. The first edition was exhausted within three months, and the volume was reprinted in January, 1909, and again in December of the same year. During the three and a half years that have elapsed since the first publication of the volume, there has been a three-fold increase in the number of American cities having systems of medical inspection of schools. In rapidity and extent, this development has been unequaled by that of any other educational movement in America.

During these few years physical examinations have become an integral part of all the more important systems of medical inspection. The school nurse, almost unknown four years ago, is now an important adjunct of the systems of scores of cities. Dental inspection, then in its infancy, is now being carried on in nearly two hundred cities. At that time three States and the District of Columbia had legal provisions for medical inspection. Now the number has increased to twenty.

These conditions have resulted in an increasing demand for a revision of the original text, and this has led to the preparation of the present volume. While covering much of the matter treated in the original book, the text has been entirely re-written, and the description of methods and forms, as well as the quantitative material, brought down to date. Like its predecessor, this book aims:

1. To be of practical use. 2. To be a reliable source of information as to what is now being done and how it is being done. 3. To be frank in its admission of problems and difficulties as yet unsolved. 4. To avoid all dogmatism, saving that involved in the statement of actual experience.

The following table of contents gives an idea of the scope of the book:

Preface.

Significant Facts.

List of Illustrations.

List of Tables.

List of Forms.

CHAPTER

- I. The Argument for Medical Inspection.
- II. History and Present Status.
- III. Inspection for the Detection of Contagious Diseases.
- IV. Physical Examinations.
- V. The School Nurse.
- VI. Making Medical Inspection Effective.
- VII. Results.
- VIII. Per Capita Costs and Salaries.
- IX. Dental Inspection.
- X. Controlling Authorities in American Municipalities.
- XI. Physical Defects and School Progress.
- XII. Legal Provisions.

APPENDICES

- I. Suggestions to Teachers and School Physicians Regarding Medical Inspection.
 - II. Annual Report for 1910 of the Chief Medical Officer of the British Board of Education.
- Bibliography.
- Index.



Sleep and the Sleepless; Simple Rules for Overcoming Insomnia. By Joseph Collins, M.D., Physician to the Neurological Institute of New York. Price, \$1.00.

This practical book by a distinguished nerve specialist aims to tell sleepless people just what should be done in the way of diet, exercise, baths, dress, diversion, in order to capture sleep. Although addressed to the layman, it is based upon the latest results of scientific study, and represents the essence of a wide experience. The book is divided in the following chapters: Some Characteristics of Sleep, Degrees and Varieties of Insomnia, Theories and Phenomena of Sleep, Insomnia Due to Physical Causes, Insomnia from Mental Causes, Dreams, The Requisite Quantity of Sleep, Surroundings Conducive to Sleep, Treatment, Principal Curative Agencies, Opiates and Narcotics, Hypnotism and Suggestion, Reading as a Soporific. Are you troubled with sleepless patients? Buy this book and test its merits, or recommend it to your patients.

(Continued in Publisher's Desk)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Grading of Nurses

To the Editor of The Trained Nurse:

I hope your magazine will continue to agitate the subject of registration and license until every nurse can take the State examination, and receive credit for her knowledge and experience. There are many practical or non-graduate nurses who are students, have good education, and are welcomed in hospitals as extra nurses. It seems to me that these should constitute the second-grade registered nurse, and not be in the same list with the domestic nurse, who many times cannot use a thermometer intelligently. The subject is a large one, and I hope will be settled with justice to all concerned.

There is another thing to be considered while the matter is under discussion. There are many physicians who suffer because the State license under which they have practised many years is not recognized in another State. The nurse license to be really worth having should be useful in more than one State in the Union, for the nurse as well as the physician will find herself unable to pass another State examination, after ten years has passed.

A. C. FITZSIMMON.

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The Ethics and Etiquette of Nursing

To the Editor of The Trained Nurse:

Ethics is defined as the science of right conduct and character; it is the doctrine of duty in respect to one's self and the rights of others.

Nursing ethics, has to do with the relations that ought to exist between those employed in the diverse circumstances attending the nursing of the sick. There is also another term that we employ which has a wide significance in connection with our social side of nursing, and that is etiquette. It makes up the laws of polite life and is certainly expected, demanded and observed by those who employ the trained nurse. Ethics have a moral weight while etiquette consists of forms to be observed in our professional intercourse.

Abraham's advice to Lot is pertinent; "Let there be no strife I pray thee, between me and

thee, and between my herdsmen and thy herdsmen, for we are brethren."

A more terse statement of the relations we would like to see (existing) prevailing among nurses cannot be made, for indeed, we ought to be sisters, and to guide our conduct so as to exemplify the full meaning of these sweet words. The calling of the trained nurse is a noble one, and well merits the gratitude of those to whom she ministers. The profession of the trained nurse holds a place of highest respect and honor, and has endeared itself to all humanity. In volume trained nurses are at least second in the professions of the world. Sixty-five years ago, there was not a single trained nurse, but to-day there are thousands, and the need for more is rapidly increasing each year.

Have you ever stopped to think what this world would be, were it not for the efforts of the trained nurse? I need scarcely draw a picture of it. You have imagination enough for that. We would be in the ignorance of medieval conditions.

Think on these things sister nurses, and then hold up your heads and realize that you are genuinely somebody, and that your work is indeed a profession. And as such it has a code of ethics which in sum and substance is found in the seventh chapter of Matthew and the twelfth verse. "All things whatsoever ye would that men should do to you, do ye even so to them."

Today perhaps more than ever nurses should stand shoulder to shoulder. Above all, let me caution you against the contagious, prevalent habit of "knocking." It is not ethical, and is unbecoming both professionally and socially.

The public soon learn a "knocker" wherever he or she appears, and all right thinking and acting people are against a "knocker." There is nothing noble or elevating in trying to injure another, and nothing gained, besides we cannot build up our own character by tearing down the character of another. Character, like ability, always speaks for itself. It does not pay morally and is a losing game financially, when all returns are in.

Again: We hear nurses so frequently use the expression, "It is not ethical," but they do not stop to think that they are not at all times and under all conditions ethical to one another. It is not ethical to endeavor to injure another nurse by ill speaking of her work, or to impugn her professional standing, or to accept work which rightfully belongs to another nurse. If we feel we are entitled to work let us get it in some other way. Talk good—not ill. Think the good and good will return. Let us henceforth practice our code of ethics as taught in the seventh chapter of St. Matthew, and remember the thought once expressed by Lincoln. "When I am dead, I want it said of me, by those who know me best, that I always plucked a thistle and planted a flower, where I thought a flower would grow."

(MRS.) M. L. MOORE.



Which Nurse Would You Rather Have?

To the Editor of The Trained Nurse:

I am glad the importance of character as compared with school attendance is being given the emphasis in your magazine which it ought to have. I would like to relate two experiences from life which show, I think, some of the dangers in accepting girls who have a high school diploma, but *an undeveloped conscience*.

In our hospital a short time ago we had a serious case, in which several inches of the intestines had been removed because of intussusception. For several days the little fellow's life was despaired of. We had to call in a special graduate nurse and pay her out of the hospital funds, for the parents of the boy were very poor. The child was nourished wholly through the rectum for about a week. The special nurse was relieved each afternoon by the hall nurses.

One afternoon I heard the little fellow crying piteously and continuously for quite a while, and went in to see if I could do anything to comfort him. I thought that possibly it was time for the rectal feeding again, and looked at the chart. It was then about half-past four in the afternoon. The special nurse had been gone two hours. She took great pride in the appearance of her charts, and insisted that nobody make an entry on the chart but herself. She was the one who got the orders from the doctor and had the full responsibility for the case. She had left not one vestige of an order for the hall nurses. There was not an entry on the chart of any kind since about half-past eight, the time when the doctor was accustomed to make his morning visit. I took the

responsibility of telling the hall nurse to give the rectal feeding, and together we did what we could to comfort the little chap.

I took special pains to observe that nurse's record the next morning, and found the chart written up in faultless style, each letter correctly shaded and rounded, and numerous entries all the way along of the exact moment when this, that and the other thing had been done. It was surprising to find that she had most full entries of things done while she was away visiting a friend—things which neither the hall nurse nor I nor any one else knew anything about, and which she made up from her own too vivid imagination. Our whole experience with that nurse was sufficient to show that she would lie about anything and everything. Her word and her bedside records were utterly undependable. Yet she was a graduate of a high school in a town not far away and had spent some time in a college in the State.

On the other hand, I have a woman of thirty-two, a Swede, who does not write English well, who misspells words often, who has had to fight her way in the world, who is a veritable diamond in the rough, strong of physique, sunny-tempered, honest to the core and ready for the hardest task without flinching. I have found that I can put her anywhere without supervision, and she has never failed to measure up to the trust and the responsibility. Her charts are not beautiful, but her character is. Which nurse would you rather have in care of one who was dear to you?

A WESTERN SUPERINTENDENT.



State Hospital Training

To the Editor of The Trained Nurse:

Replying to "A Mere Man," in February number of THE TRAINED NURSE, I would call attention to a few deficiencies in State Hospital training:

The lack of supervision over the practical part of the nurse's training, as, for instance, where an attendant who has had no training in nursing has charge of a ward, and a pupil, while scheduled for duty with said charge attendant, is required to give treatment in which she has not had practical instruction, she is obliged to give it without intelligent supervision. The superintendent of nurses gives her practical instruction in class by demonstration, but *does not* follow it up later at the bedside.

Then, too, the individual dose system, carried out only in State hospitals, takes from the nurse the practice she should get in learning the dosage, and how to pour and drop medicines. With this

system the physician writes his prescription, which may be for the elixir of iron, quinine and strychnia, \mathfrak{Zi} , t.i.d., This medicine when delivered to the nurse, will be diluted with about \mathfrak{Jss} . of water, and the bottle containing same will be labeled with patient's name, Green Tonic, one dose, or he may write for a patient to have tr. digitalis, grs. v, q. 4. h. In this case, when delivered to the nurse, will be diluted with about \mathfrak{Jss} . of water and the bottle containing it will be labeled with patient's name, Stimulant, one dose every 4 hrs. The nurse is not told what Green Tonic contains or what stimulant she is giving. She does not have the chance of learning by practice which medicines are given in drop doses and which are given in larger doses. She does get some *Materia Medica* in theory, but theory without practice is soon forgotten. She also gets one hour's instruction from the pharmacist, in the pharmacy, for fourteen days, which time is mostly spent in mixing ointments and putting up powders, instruction which will probably never be put into practice.

As she is not allowed to give hypodermics while in training, she does not become familiar with the quantity of medicines given hypodermically or with the care of the syringe or needle.

She does not have an opportunity of carrying out surgical technique outside the operating room. If required to do a surgical dressing on the ward she may or may not have sterile dressings, but in any case the water, towels, sponges or basins used *will not* be sterile.

As to comparison of carelessness on the part of nurses in State or general hospitals, I would not consider the mistakes due to the efficiency or inefficiency of training. Unfortunately, there are mistakes made in both State and general hospitals which are deplorable, but are not all human beings likely to err, whether engaged in nursing or some other line of work?

GRADUATE OF GENERAL AND STATE HOSPITAL.



Nursing in the Country

To the Editor of The Trained Nurse:

I think the reply to Naomi J. R. regarding the list of supplies to carry in the country is certainly complete, but I want to add a few things. I carry a note book, in which I jot down practical hints, a cook book, and, if I know the nature of the case before I go, I look over my list of THE TRAINED NURSE MAGAZINE and, if I find any articles on the disease, I take the magazine, also.

W. VA.

Bedside Records

To the Editor of The Trained Nurse:

May I say a few words regarding the value of bedside records, as one interested in training school methods and study. I should like to call attention to the side of the question involving their educational value as a part of the nurse's training and course of study. It seems to me this side of the question is not sufficiently appreciated. The necessity of keeping an hourly record should act as a stimulus to the nurse's powers of observation, it should induce promptness and accuracy, familiarize her with the use of technical terms, encourage the habit of investigation along the line of social research, which is now so much a part of the nurse's field of work. It should also enable her to cultivate brief, comprehensive methods of expression.

The time consumed in keeping the bedside records is easily overbalanced by time saved in making necessary verbal explanations.

In relation to the doctor, it has been my observation that medical specialists, particularly, desire a comprehensive, hourly statement regarding the cases under their care.

J. H.



We have been asked to publish the following letter, which appeared in the *New York Times* of February 23.

The Nursing Profession

To the Editor of The New York Times:

Within the last few years there has been manifest in New York State a steady decline in the number of applicants at the training schools for nurses, until today we are confronted with a genuine shortage. At the present time the schools are compelled to advertise and offer special pecuniary inducements, which is in marked contrast to the conditions existing before admission to the nursing profession was controlled by the Board of Regents and one year high school training made obligatory for eligibility.

Previous to this debatable control the waiting lists in training schools were so large that the superintendents could afford to be very exacting in their selections, giving preference to applicants possessing good health, average intelligence, a fund of general information, much tact and an innate refinement. The sound judgment exemplified in this method of selection is shown by the results. Those thus chosen placed the nursing profession upon such a firm basis that it became recognized as essential to the doctors' success and decidedly necessary for the patient's comfort and

welfare. A few ambitious but myopic women, however, decided to raise the standard of requirements for entrance, and now the trained nurse is like the mule that ate its tag—nobody knows where she is going, and she herself does not know.

A REGENT'S NURSE.

New Rochelle, N. Y., Feb. 15, 1913.

Answer to "Advice Asked"

In answer to the letter, "Advice Asked," in the January number of *THE TRAINED NURSE*, I gladly send the following prescription, which I have found very efficacious:

Zinc Sulph.

Ac. Boric.

Sodii Chlorid, aa, \mathfrak{J} ii.

Hydrarg. Bichlor., gr. iii.

It is a powder and a teaspoonful is used to a quart of water once a day.

B. M. G.



Practical Suggestions

To the Editor of The Trained Nurse:

From time to time I have found the ideas of other nurses doing private work very helpful, and trust in the following there may be something new.

The past year the greater part of my work has been in the country among the poor where I have had very little material to work with. Consequently I have had to exert all the power of ingenuity I possess to accomplish my work successfully. Have had a great deal of surgical work and subsequent sterilizing. One can almost always find a wash-boiler to do the sterilizing, but to properly suspend the goods above the water is sometimes a question. I have tried various ways but not any one had proven satisfactory until I tried the following:

At my home in the country I obtained a piece of woven wire, such as used for the hen-yard, but only about 12 inches wide and about 10 inches longer than the length of an ordinary wash-boiler. This is fitted into the boiler by bending each end and supporting the center by a small basin, brick, flat-iron or almost anything available. I always carry this piece of wire wherever I have any sterilizing to do, and it has been very satisfactory.

Another suggestion is to cover windows with

a thin coating of Bon Ami or Sapolio. I use this method in operative work, it eliminates the tacking of gauze or muslin over the windows and has the appearance of ground-glass.

In one home where I was called there was not a scrap of gauze or old muslin, which I needed to prepare an ice-bowl, for ice was scarce and melted fast in the warm weather, so I took a piece of thick white cotton cloth, cut small holes in it and fastened it over the bowl in the usual way. As the ice melted the water drained through much better than it does through gauze.

Perhaps other nurses have used a small-sized pitcher for a female urinal.

No doubt most nurses know about powdering the bed-pan. This is a most successful way of slipping it easily under a heavy patient. I use one of the cheaper toilet powders for this purpose.

Would like to suggest to the nurse doing work in the country that she have a set of six basins of various sizes, one fitting into the other, so that they are not hard to carry about and are certainly worth the trouble. Families are often very reluctant about giving up pans for an operation or other purposes. These pans are not expensive and are quite attractive if gotten in the white enamel ware.

GRADUATE.



Meals for the Convalescent

To the Editor of The Trained Nurse:

I was much interested in the article on "Dainty Meals for Convalescing Patients," in the January number. I wish the same writer or some other nurse would write an article especially on "Breakfasts for Convalescents." I was about to insert the adjective "finicky" before convalescents. We all have patients to which such adjectives apply. What to get for breakfast in a prolonged convalescence, when the doctor says: "Meat or fish but once daily," and the patient abhors eggs, is one question I would be glad to have suggestions on. But breakfasts are among the hardest meals for me to plan for and get variety. Of course, most patients can be persuaded to eat eggs in some form at least once in a while. Should the nurse always or mostly prepare the patient's meals and tray herself, is another question I would like to have answered.

YEARLING.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Massachusetts

The Alumnae Association of the St. Luke's Hospital Training School for Nurses, New Bedford, has just issued printed cards, upon which appear the new terms agreed upon by the association for professional services by graduate nurses. A charge of \$25 a week for cases will henceforth be asked.

No extra charges will be made for laundry or cabs—out-of-town traveling expenses only are charged extra.

The rates are as follows:

For all cases, \$25 a week.

For single day, \$4.

For day of 24 hours' duty, \$5.

For house operations which include the preparation, assisting and care of the patient for 24 hours, \$10. If a nurse is engaged for a week or longer, no extra charge is made for the house operation.

The Instructive District Nursing Association of Boston reports an expenditure of \$49,126.89. Miss Mary Beard, formerly of the district nursing association, of Waterbury, Conn., has been appointed director of the Boston work, to succeed Miss Martha Stark. There are thirty-seven nurses on the staff, besides three in the office. A very suggestive chart, showing the lines of service radiating from the central house of the association, accompanies the annual report this year. An effort is being made to raise an endowment fund of \$100,000.



Connecticut

The regular monthly meeting of the Connecticut Training School Alumnae Association was held at the Nurses' Dormitory 3 P.M., March 6, with a large attendance, the president, Miss Barron, in the chair. After the routine business was attended to, the delegates for the national convention in June at Atlantic City were voted for, resulting in the choice of Mrs. M. J. C. Smith and Miss Barron, both of whom have ably represented this association in the recent past; the alternates are Miss M. K. Stack and Miss Lanfare. After

adjournment we had the pleasure of an informal talk with Dr. Thomas, the new superintendent of the hospital, who assures us of his hearty co-operation in the several important matters relating to the consolidation of hospital and training school; also hoping that all graduates will feel an interest in the hospital, and also accept a welcome from it at any time in the future.

Refreshments were then served by Mrs. Marsh, chairman, with a social period following, closing a very satisfactory meeting.



New York

Eighteen young women received diplomas as nurses March 5, at the annual commencement exercises of the Lebanon Hospital Training School for Nurses, New York City. More than five hundred friends were present to see them graduated.

Joseph L. Bittenweiser, one of the trustees of the hospital, presented the medals, and Dr. Daniel C. Potter, one of the visiting surgeons of the hospital, presented graduation pins to the class. Afterward there was a reception and the nurses exhibited a big roomful of flowers, the gifts of friends.

The Central Club for Nurses, New York City, has been conducting a course of Lenten lectures by Dr. Richard M. Hodge, of Columbia University, on "Biblical Masterpieces."

The Guild of St. Barnabas for Nurses has held a series of Monday afternoon teas at the Central Club for Nurses.

The Trustees and Woman's Board of the New York Polyclinic Hospital have given a series of Saturday afternoon teas to the convalescent patients, in the Solarium of the hospital. Music, both vocal and instrumental, also dramatic readings, added to the enjoyment of these occasions.

The graduation exercises of the Training School for Nurses of the Jewish Hospital, Brooklyn, were held February 19 in the school building, adjoining the hospital. The Rev. Dr. S. Parkes Cadman

delivered the prayer and opening address and was followed by Isador Isaacson, president of the training school. Joseph J. Baker, chairman of the committee on nurses and instruction, presented diplomas and class pins.

Dr. A. M. Judd presented the special prizes. Miss Edna McCullough won the first prize for general excellence, donated by Edward C. Blum. Miss Cordelia M. Lopez won second place, thus earning Mr. Isaacson's gift. Miss Christiana Arnold was awarded Sylvan Levy's prize for efficiency in practical work. Miss Lopez, for efficiency in theoretical medical nursing, earned Mr. Lustig's prize.

Both Miss McCullough and Miss Arnold, like Miss Lopez, "won" two prizes. Miss McCullough received Dr. Joseph Merzbach's prize for efficiency in the theoretical dietetics, and Miss Arnold won Dr. William Linder's prize for the highest percentage in surgery.

Miss McCullough, Miss Arnold, A. Lois Williams, Amy E. Morgan and Leah Lewis each received 100 per cent. in theoretical obstetrics, and thus earned prizes offered by Messrs. Behrend, Rosenson, Stenzelbach and Baker. Dr. Leon Louria awarded a prize to Miss Grace Eulalie Garland, valedictorian. The graduates numbered twenty.

A Daffodil Dance was given by the Nurses' Alumnae Association of Williamsburgh Hospital, for the Sick Benefit Fund, at Pouch Mansion, on Wednesday evening, March 26, 1913. The officers of the Association are: Julia Ray, president; Marie Kahl, vice-president; Grace Hobart, recording secretary; Marion Hobart, treasurer; Sarah McCarron, secretary and treasurer of Sick Benefit Fund, and Mary Anderson, corresponding secretary of the entertainment committee.

Fourteen nurses were graduated from the Samaritan Hospital, Troy, N. Y., Thursday evening, March 6.

The Oswego Hospital Nurses' Alumnae Association gave a banquet at the Hotel Pontiac, February 26, which was followed by a theatre party at the Richardson. The Misses Ruttan, McValium, Darling and Carpenter, from Syracuse, were present.

The report of Miss Catherine Edmonds, the city nurse of Binghamton, shows:

Schools visited, 14; tuberculosis patients, 25; typhoid fever, 9; pneumonia, 20; measles, 2; mumps, 2; diphtheria, 1; skin diseases, 6; sore

throat, 14; return visit of sore throat patients, 10; adenoids, 15; sore eyes, 8; miscellaneous, 15.

The number of visits was 121 and the schools visited, 14; making a total number of visits, 135.

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New Jersey

That 8,443 visits were made by nurses connected with the Visiting Nurses' Association, of Jersey City, and 1,241 patients cared for during the year ending February 1, was stated in the report made by the president, Mrs. J. Campbell Clark, at the annual meeting of the organization.

Since the work of the Association began twelve years ago, many requests have reached it, the report says, from doctors and patients, for obstetrical nursing. So urgent is the need for such nursing that the work has been undertaken and a home where nurses can be secured at all hours established at the Camp Street address. The hope is expressed in the report "that the public will help 'start it right.'"

Tribute is paid the nurses for their devotion to duty and their intelligence in their work. "Physicians are calling upon the nurses," the report continues, "more and more frequently, as they have learned to recognize the value of their help."

The sixteenth annual convention of the American Nurses' Association will be held in Atlantic City, N. J., June 25 to 27, inclusive, 1913. Headquarters of the American Nurses' Association will be The Chalfonte. All meetings will be held at the Steel Pier. The pier is about five minutes' walk from The Chalfonte.

Tuesday, June 24, 2-5 P.M.—Registration of members and delegates.

Wednesday, June 25, 9-10 A.M.—Registration desk will be open. 10-12 A.M.—Business meeting for permanent members, charter members and delegates only. Reports of Committees, etc. 2 P.M.—Joint meeting of the three national organizations. Invocation, Rev. Newton W. Caldwell, D.D., of Atlantic City; Address of Welcome, Hon. William Riddle, Mayor of Atlantic City; Responses, Isabel McIsaac, Mary C. Wheeler and Lillian D. Wald; Paper, "The Nurse as an Educator," Adelaide Nutting; social hour at The Chalfonte.

Thursday, June 26, 10-12 A.M.—Business session for members and delegates only. 2 P.M.—State registration, general resume, Jane Elizabeth Hitchcock. "Some State regulation about the appointment of faculties of training schools, their number, preparation and status." "Should there be a national committee on amendments

and standards?" "Is compulsory registration desirable and how may it be obtained?" "Future administration of registration laws." "How should inspection of training schools be made?" "Reciprocity." "How may the graduate nurse be induced to register?" "The value of registration to the individual nurse."

Friday, June 27, 10 A.M.-12 M.—Paper—"Status of the nurse in the working world," Lavinia L. Dock. Paper, "The Nurse and the Public Health." Paper, "Efficiency in the Nursing Profession." Presentation by the chairmen of the different conferences of all resolutions of importance acted upon at the conferences. Report of committee on resolutions; unfinished business; election of officers; adjournment.



Pennsylvania

The Nurses' Alumnae Association of the Woman's Hospital, of Philadelphia, held its regular monthly meeting at the Philadelphia Club for Graduate Nurses, 1520 Arch Street, on March 12.

The guest of honor was Mrs. G. Glass Davitt, of Tripoli, Syria, formerly Miss Larne, of Class 1908. She is a woman of charming personality and in the most interesting manner related her experience as a nurse among the natives of Syria, sometimes bringing tears into the eyes of her hearers and at other times by her amusing stories caused peals of laughter.

She stated that the principal doctors of the country are midwives. Her description of many who had suffered horribly from maltreatment through ignorance of the midwives was indeed pathetic. The patients would consent to go to American doctors only as the last resort, which often in extreme cases proved to be too late.

Mrs. John F. Lewis, of Buffalo, N. Y., teacher of parliamentary law, was also a guest of the Association. Mrs. Lewis is conducting a class among the different alumnae associations of Philadelphia. She has an ingenious chart and, with the blackboard, she has made the difficult subject clear and interesting. Her "Compendium of Parliamentary Law" is the text book in the agricultural department of Cornell University. Mrs. Lewis has been the instructor of parliamentary law at Chautauqua, N. Y., for the past eleven years.

Miss Roberta M. West has been appointed by Director Neff, of the department of health and charities, as supervising nurse at the Philadelphia Hospital, for Contagious Diseases. Miss West is a graduate of the Philadelphia Hospital Training

School for Nurses, and in addition to other honors was awarded the George W. Childs medal in recognition of her work as a student nurse.

In the year she graduated Miss West was appointed superintendent of the Orthopedic Hospital. The following year she became chief nurse at the Philadelphia Hospital, and remained there six years. In 1893 she was elected superintendent of the Central Dispensary and Emergency Hospital, Washington, and three years later accepted a position as assistant superintendent of the University Hospital, Philadelphia. In 1897 she became superintendent of nurses and equipment at the Wilkes-Barre Hospital.

She remained in that position until 1908, when she resigned to take a vacation in Europe. The following year she was elected superintendent of the Hamot Hospital, at Erie.

Miss West was president of the Graduate Nurses' Association of Pennsylvania from 1906 to 1910. At present she is a member of the Pennsylvania Examining Board for the Registration of Nurses.

Miss Ida Giles, instructress in the German Hospital Training School in Philadelphia, and a member of the State Examining Board for Nurses, spoke to members of the Scranton State Hospital Alumnae Association and other graduate nurses at the eighth annual banquet of the Association at the Hotel Jermyn, February 6. Her subject was "State Registration of Nurses." Miss Giles's talk greatly pleased those present and she was kept busy for some time after the dinner in receiving the thanks of the guests.

Miss Lydia E. Fletcher, recently connected with the Bayview Hospital, Baltimore, was elected superintendent of Lewistown Hospital, at a special meeting of the board of trustees. Miss Fletcher has had considerable hospital experience. She is a graduate of the Erie County Hospital, Buffalo. She has been night superintendent of the Lakeside Hospital and of the Scranton Roads Hospital, both in Ohio; superintendent of nurses at Mt. St. Mary's Hospital, Niagara Falls; superintendent of Newport News General Hospital, Newport News, Va., and for nearly nine years chief nurse and matron at the National Soldiers' Home Hospital, at Hampton Roads, Va.

As a farewell to Miss Minnie Worrest, retiring superintendent of the Chester County Hospital, and her assistant, Miss Hunter, who left West Chester March 1, the staff of nurses gave a modest

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banquet and enjoyed a social evening together. The Class of 1914 was in charge of festivities.

The table was spread for sixteen, which included the guests of honor, the class and others of the nursing staff who were off duty.

Miss Clara Kretzing, on behalf of the staff of physicians and their assistants, presented Miss Worrest with a handsome silver service, and to Miss Naomi Hunter was given a silver mesh bag.

On behalf of the class Miss Florence Ellis presented Miss Worrest with a splendid cluster of red carnations and a neatly framed photograph of the class. To Miss Hunter was given the same.

Miss Kretzing, speaking for the class, gave Miss Worrest a half dozen after-dinner coffee spoons and Miss Hunter a silver spoon.

The nurses' training school at the Mid-Valley Hospital was opened March 1 with four pupils.

The course will be two years and six months. Miss Anna McLoughlin is superintendent of the hospital. Dr. F. L. Van Sickle will direct the studies of the nurses.

The West Side Hospital Training School for Nurses, Scranton, Pa., held its second graduating exercises February 26, at Tague Hall. Judge Edwards, president of the Hospital Association, was chairman. Dr. Morgan J. Williams delivered the principal address. There were six graduates. The exercises were followed by a banquet and dancing.

The meetings of the Alumnae Association of the Training School for Nurses of the Harrisburg Hospital have been well attended.

At the December meeting Dr. C. R. Phillips gave an excellent talk on "Nurses' Part in Fight Against Tuberculosis."

On January 1 a number of the members of Association attended the theatre in a party, having a café luncheon afterward.

The student nurses of the hospital were invited to the lecture given on February 1 by Dr. Carson Coover, who ably discussed, "Artificial Feeding of Infants."

A business meeting was held on March 5, when by a unanimous vote it was decided that the Association become a corporate contributor to Harrisburg Hospital.



Delaware

The annual meeting of the Delaware State Association of Graduate Nurses was held at the Delaware Hospital and elected these officers for the ensuing year: Mrs. Estelle R. Speakman, president; Miss Anna Hook, vice-president; Miss

Estelle Washington, second vice-president; Miss Evelyn Hayes, recording secretary; Miss Amy Allen, corresponding secretary; Mrs. Emma Flinn, treasurer.

A committee of four, with two alternates, was appointed to go to Dover to attend to a bill presented by the Delaware State Association of Graduate Nurses to the legislature. The committee—Miss Anna Hook, Miss Evelyn Hayes, Miss Gertrude Ledwig, Miss Estelle Washington. The alternates—Miss Jean Donighan, Miss Amy Allen.



Maryland

The Maryland State Association of Graduate Nurses held its annual session in Baltimore, February 10 and 11. Miss Margaret Brogden, of the social service department of the Johns Hopkins Hospital, gave an account of the growth of that department.

Correspondence schools for nursing were scored in an address by Miss M. Adelaide Nutting, of the Teachers' College, Columbia University, New York.

Dr. Henry M. Hurd gave a brief address, commending the work which the Maryland Association had done to bring up the standard of nursing in this State. Dr. J. M. T. Finney presided.

Preceding Miss Nutting's address the following officers were elected:

President, Mrs. Ethel P. Clarke; first vice-president, Miss Elsie Lawler; second vice-president, Miss M. C. Packard; secretary, Miss Effie Taylor; treasurer, Miss Ellen LaMotte.

The annual commencement exercises of the Maryland General Hospital Training School for Nurses was held at four o'clock, February 26, in the college amphitheatre, under the auspices of the Ladies' Auxiliary of the Methodist Hospital Association. H. S. Dulaney, president of the Methodist Hospital Association, presented the diplomas. Dr. Charles O'Donovan delivered the medical address to the graduates. Rev. Murray Mitchell delivered the valedictory and Rev. T. O. Crouse gave the opening prayer and benediction. The diplomas were conferred by Miss Victoria Anderson, superintendent of the Nurses' Training School, and the music was furnished by the Baltimore Medical College Orchestra. There are three members of the graduating class.



Virginia

STATE EXAMINATION

SURGERY AND GYNECOLOGY

1. (a) Define sepsis. (b) How does the germ gain entrance into the human structure? (c)

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Give symptoms. 2. Give the nurse's responsibility in aseptic surgery. 3. Give routine nursing precautions to prevent post-operative pneumonia. 4. What would you do in case of hemorrhage after removal of tonsils? 5. Give instruments and dressings used in gynecological treatment. 6. Define Sims position. Trendelenburg position. 7. What are the different degrees of burns? Describe the surgical treatment of burns. 8. Give treatment of broken bone till the arrival of surgeon. 9. Name five disinfectants and describe how to use them. 10. Give early symptoms of hip-joint disease.

DIETETICS

1. Name the principal chemical elements contained in the human body. 2. Why is a mixed diet necessary? 3. How would you prepare beef juice? How much juice will one pound of beef make? 4. Give examples of liquid and soft diet. 5. What would you give a typhoid patient when he is first allowed solid food? 6. What point should always be observed in cooking cereals? Mention a complete food.

NURSING OF CHILDREN

1. Give the capacity of an infant's stomach at birth, at one month, at two months. 2. How much ought an infant to be fed in the first two months, and what ought to be its gain in weight? 3. Explain gavage. When is it used? 4. How do the symptoms differ in membranous and spasmodic croup? 5. What diet would you give in diphtheria? If the child were unable to swallow what would you do?

CONTAGIOUS DISEASES

1. What precautions would you use in nursing contagious diseases? How would you disinfect afterwards? 2. Mention some of the complications in scarlet fever. What diet would you give, and why? 3. What complication is most to be feared in diphtheria? How would you guard against it? 4. What is the chief danger in measles? Describe the different stages in smallpox. 5. Describe syphilis. Give symptoms. In which stage is it most contagious? Can it be inherited?

HYGIENE AND BACTERIOLOGY

1. Define hygiene. What are the principal factors in maintaining health? 2. Mention five diseases that may be carried and communicated by floating dust. Mention three diseases that may be taken into the system through contaminated water or dust. 3. Tell the ways in which milk may be infected; water. 4. What are the conditions most favorable for the cultivation of germs? 5. Give instructions for quarantining a contagious case.

ANATOMY

1. Name the four distinct tissues of the body. 2. Locate the tibia; femur; sternum; scapula. 3. Name and locate two serous membranes. 4. Describe the pelvis. What does it contain? 5. Describe the aorta. 6. Name three kinds of movable joints and give examples of each.

PHYSIOLOGY

1. Starting from the left ventricle, trace the circulation of the blood back to its starting place. 2. Where do we find Peyer's patches? What disease especially affects them? 3. What class of

foods require the greatest amount of mastication, and why? 4. Name the excreting glands of the body, and the products of each. 5. Describe the appearance of venous blood, of arterial blood.

NURSING ETHICS

1. If you had made a mistake in administering medicine ordered, and you knew that the mistake would do no harm, would you report it? To whom? 2. Should you have been called to a case through the preference of the patient and you knew that your personality was not acceptable to the physician in charge, what would you do? 3. If you had an obstetrical engagement for January 1 and one for February 1, each for two weeks, and the January one called you on the 28th of January and the February case on February 1, what would you do? 4. If you were on a case with another nurse, and she was not a registered nurse, but had led the physician and family to suppose that she was, what would you do? 5. If you were the second nurse on a case and two were no longer required, and you were asked to keep the case, what would you do?



Ohio

The regular monthly meeting of the Toledo Graduate Nurses' Association was held March 4, at St. Vincent's Hospital, the principal instructive feature being a surgical clinic conducted by two of the hospital staff surgeons, Dr. Julius Jacobson and Dr. George Todd.

Three interesting operations were performed, and instruction given in post-operative care of patients.

Delicious refreshments were served in the nurses' dining room, by the hospital management, to whom many thanks are due, for the success of the day's program, which was much appreciated by about fifty members and friends.



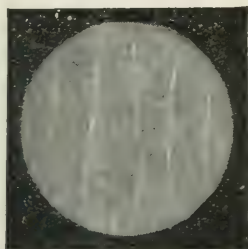
The Visiting Nurse Association, of Cleveland, hopes to demonstrate that \$3,000 can be raised for charitable purposes without using an endless amount of machinery. With the exception of personal solicitation on the part of some of those interested in the work, the Association will depend upon free-will contributions in money or by check. There will be no organized committee of workers nor formal campaigning. Mail boxes will serve as deposit stations, and mail carriers as collectors and deliverers.

This \$3,000 is to be used to establish three additional districts, with a nurse in charge of each. One will be in Lakewood, another in Collinwood and a third in Newburg.

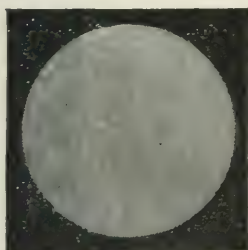


Kentucky

Two school nurses, at a salary of \$60 a month and \$5 a month carfare, will be provided for in an



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Dangerous Allies Make Dangerous Cases

Numerous bacteria, themselves more or less pathogenic, are rendered more so by alliance with the Streptococcus, which is a frequent habitant of the throat and mouth. This is especially the case with tubercle bacillus and bacillus diphtheria.

^{Wulfin's} **Formamint** THE GERM-KILLING THROAT TABLET

has a prompt and effective destructive action upon streptococci, due to the action of Nascent Formaldehyde, slowly evolved while the tablets dissolve in the saliva.

Formamint Tablets are most pleasant to the taste, non-irritant in action and most satisfactory in effect.

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NURSES' Uniforms cut and made to your individual measure of fine quality white cotton poplin, which has first been shrunk by superheated steam. The most serviceable garment it is possible for you to buy at anywhere near the price. Will not shrink when washed. Requires less mending because all buttonholes and seams are reinforced. They look neater and wear almost twice as long as the ordinary ready-made uniforms. Our special price for uniform illustrated, \$3.00.

We have other styles made of dependable white materials at \$4.00 and \$4.50, nurses' stripes and plain blue at \$3.50 and \$2.50.

Each uniform is guaranteed to be of the highest quality, correct workmanship and fit. Should any uniform prove unsatisfactory or not as represented, we will promptly refund your money.

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AYNOE'S CENTRAL REGISTRY for Nurses which is the largest, oldest and most reliable Nurse's Registry in America, will place you in a desirable position if you are a graduate nurse with institutional experience.

We receive daily many requests from hospitals for nurses with experience.

If you are a competent nurse desiring to secure a good position, write today for FREE booklet fully explaining the efficient service we render nurses registered with us.

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Central Registry for Nurses
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ordinance which Dr. W. Ed. Grant, health officer of Louisville, is drawing up.

The nurses will supplement the work of the four school medical examiners, going into the homes of children whose health has been found deficient by the medical examiners, and explaining to the parents what steps are necessary to restore the children to health.

The graduating exercises of the Nurses' Training School of the Southern Sanitarium, Franklin, were held at the Methodist Church February 28. The program was especially interesting.



Wisconsin

The nurses' course at the "Sanitorium," Hudson, includes a series of "Don'ts," on all subjects taught in the training school. The "Don'ts," in *Materia Medica* are here given:

1. Don't neglect to watch for toxic symptoms of the drug which is being given.
2. Don't forget to look at the bottle twice before giving the patient his medicine.
3. Don't leave medicines where children have access to them or patients, if irresponsible.
4. Don't forget to keep your hypodermic syringe in working condition at all times.
5. Don't let medicine stand in the sunlight or where it is too hot or cold.
6. Don't take a teaspoonful to mean a dram, because it seldom is. Have a graduated medicine glass.
7. Don't think that medicine alone is the salvation of a sick person. Vital resistance and good nursing generally mean more.
8. Don't think a change in the patient's condition for better or worse is always due to the medicine taken.
9. Don't get rusty on your knowledge of toxicology; it may be needed at any time.
10. Don't forget that drugs are borne in proportion to their need.
11. Don't tell your patients the nature of the remedies they are taking, unless authorized to do so.
12. Don't forget that acids counteract alkalies and vice versa in the treatment of poisonings.
13. Don't think that all drugs should be given by mouth. Remember all the avenues of administration.
14. Don't let your patient take household remedies, unless harmless, and even then it is best to consult the doctor.
15. Don't forget that the hypodermic dose is three-quarters, and the rectal dose is twice that of the dose by mouth. Remember Young's rule as regards children.
16. Don't let any one try to argue you into the belief that patent medicines have merit. They are on the market only to enrich the faker who produces them.
17. Don't neglect to shake the bottle before using. If a change takes place in the physical appearance of a drug, do not give, but ask for advice.
18. Don't forget the means of making nauseous

remedies palatable. Your patients will thank you for it.

19. Don't attempt to interpret a prescription for anybody. If you do it will engender the doctor's disfavor.

20. Don't forget some drugs cause a skin eruption, and be sure to record same, as it is of importance to the physician.

21. Don't hesitate to inquire about a dosage if you think such is not right.

22. Don't forget drug idiosyncrasy; a susceptible person may be easily poisoned.

23. Don't forget the drugs which injure the teeth, and take proper precautions.

24. Don't let people tell you there is no value in drug therapy; on the other hand, do not become too enthusiastic, because "it is putting drugs of which we know little into bodies of which we know still less."

25. Don't forget indiscriminate drugging is pernicious, and the less one takes, unless really indicated, the better off they are.

26. Don't attempt to prescribe for a sick person; the doctor does that for his living.

27. Don't forget fluid extracts are stronger than tinctures, that all strong acids are given greatly diluted, that medicine to be given hypodermatically must be especially prepared.

28. Don't forget that children do not take medicine readily and a great deal of tact is essential.

29. Don't forget the alkaloids, as morphine, aconitine, strychnine, etc., are extremely poisonous remedies, always given in small doses, and should be watched carefully.

30. Don't hesitate in a poisoning case to assume charge until the physician arrives. People expect it of you.

31. Don't make the same mistake twice. We reach success through our blunders, if we profit by them.

32. Don't neglect the occasional review of your *Materia Medica*. You will be the better nurse for it.

DR. I. G. WILTROUT.

Little Mothers' clubs, or Little Mothers' leagues, will be organized in the various social centers of Milwaukee, under supervision of Dr. E. T. Lobedan, chief, division of child welfare, in co-operation with Harold Berg, supervisor of recreational activities.

There will be conducted weekly classes of girls between the ages of twelve and sixteen years, in caretaking of children.

The children are instructed in the care of the babies. The subjects of ventilation, fresh air, hygiene of the nursery, care of baby's bed, bathing, proper clothing for summer and winter, feeding, including milk modification and home pasteurization, and all other points in baby care, will be embraced in the course. There also will be sewing classes for the manufacture of baby clothes, the girls having the privilege to take home all articles made at the school, or they may be given to some deserving mother.

Coffee Drinking Dissipates Energy

Any article of diet taken into the economy which acts as a "whip" to flagging energy, is but temporary in its *apparent* benefit. In the end, it *subtracts* from the *total energy* of the individual. This, in the case of Coffee, is a manifestation of the law of alkaloidal "action and reaction;" caffein being the alkaloid in coffee.

The temporary *feeling* of increased energy, after having taken the usual cup of coffee (or two cups) is, in a large majority of individual cases, soon followed by a feeling of lassitude which more than counter-balances the temporary "spurt" of *artificially* aroused activity of mind or body. Hence, we may truthfully affirm that, in summing up its effect, coffee drinking dissipates energy.

On the other hand

POSTUM

—a most agreeable beverage—can in no manner delude the user, because its effect is simply and directly to increase warmth and add a little *real* nourishment.

In those individual patients where caffein is particularly irritating (and they are legion) the physician can find ready and efficient help in recommending Postum.

Postum now comes in new, convenient form, called **Instant Postum**. It is so processed that only the soluble portions are retained.

Instant Postum requires no boiling. A spoonful with hot water, and sugar and cream to taste, produce a perfect cup *instantly*—uniform in flavour, wholesome, delicious.

The *Clinical Record*, for Physician's bedside use, together with samples of **Instant Postum**, **Grape-Nuts** and **Post Toasties** for personal and clinical examination, will be sent on request to any Physician who has not yet received them.

POSTUM CEREAL CO., LTD., BATTLE CREEK, MICH., U. S. A.

These instructions will be given by the child welfare nurses. Two nurses are to be present at each class. Instruction is to be given in the simplest and most impressive way. Practical demonstrations are to be employed whenever possible. Each girl is given the opportunity of performing the work with her own hands.



Indiana

The committee on public health of the Indiana Senate reported favorably on the White bill, providing for the establishing of the office of secretary of the State Board of Registration and Examination of Nurses on a basis where the official may devote her entire time to the work. A similar measure was killed in the House when it was understood to provide for the payment of a higher salary to the secretary of the State Board out of the State treasury. Senator White explained to the committee that the salary of the secretary is payable out of the fees collected by the State board and that members of the board declare they cannot handle the increased business of the board without an official, who may devote all her time to the work and keep an established office in the State House.



Illinois

STATE EXAMINATIONS

OBSTETRICAL NURSING

(Rating on 5 out of 7 Questions)

1. How would you adjust an abdominal and breast binder, after parturition, if they were ordered by the physician? 2. What is the difference between the terms abortion, miscarriage and premature labor? 3. What is "puerperal fever?" What duties does this condition devolve upon the nurse? 4. Under what conditions may a nurse justly refuse to attend an obstetrical case? 5. What care should the breasts of a mother receive prior to confinement and for the first two weeks after? 6. Name three abnormalities of the nipple. How may each be overcome, in order that the infant may be breast-fed? 7. If ice bags are ordered to be placed on the breasts, what is the proper method of procedure?

DIETETICS

(Rating on 5 out of 7 Questions)

1. Classify food under (a) source, (b) chemical composition, (c) function. 2. Describe the gradual effect of increased heat on white of an egg (albumin). 3. What is lactose and where found? 4. (a) Of what use is sugar in practical dietetics? (b) What is the substitution for sugar, and where found? 5. What are the chief sources of fat in a general diet? 6. (a) What are the food uses of water? (b) What is distilled water and why not used as a beverage? 7. Discuss diet in tuberculosis.

SURGICAL NURSING

(Rating on 5 out of 7 questions)

1. Describe at least two different methods used in the care of extensive burns of the body, second and third degree. What are some of the serious complications of burns? 2. (a) What are the symptoms with fracture of the limb? (b) What may a nurse do for a compound fracture of both bones of the leg, until the doctor arrives? (c) What may the nurse do in the case of a fractured rib, until the doctor arrives? 3. Give symptoms and chief points in nursing care for post-operative shock. 4. Give a list of the materials you would provide in a private home in preparation for a major operation. 5. State chief points in the nursing care of a woman, age 73, having a fractured femur. 6. What are the purposes of putting a patient in Fowler's position? Describe the best method for same. 7. State precautions to be observed when a patient is to undergo complete anesthesia. What are some of the dangers that may follow such?

URINALYSIS

(Rating on 5 out of 6 Questions)

1. How would you proceed to collect a twenty-four hour specimen of urine? 2. (a) What is the normal amount of urine voided in twenty-four hours? (b) What is the average capacity of the adult bladder? 3. (a) What is the normal specific gravity of urine? 4. What is meant by "residual" urine? 5. Give two tests for albumin in urine. 6. What are some of the important findings in the urine in an acute case of Bright's disease?



Kansas

The Kansas Legislature has passed the bill for the State Registration of Nurses. The bill provides for a board of five members, one of whom shall be the secretary of the State Board of Medical Examiners and Registration, and the four others to be appointed by the governor from a list of twenty nominated by the Kansas State Nurses' Association.



Montana

Governor Stewart has approved the bill for the examination and licensing of nurses.



Personal

Miss O. E. Painter has resigned her position as directress of nurses at the Lincoln Memorial Hospital, Knoxville, Tenn. She has been connected with the institution for about six years, and has been faithful in the discharge of her duties, and it is with regret on the part of the officials that she is to leave.

She will be succeeded in the Lincoln Memorial Hospital by Miss Lucy Hayllor, who comes highly recommended as directress of nurses.

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Supplied in 11-ounce bottles
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Prescribe original bottle to avoid
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In ANY form of DEVITALIZATION
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Pepto-Mangan (Gude)

Especially useful in

ANEMIA of All Varieties:
CHLOROSIS: AMENORRHEA:
BRIGHT'S DISEASE: CHOREA:
TUBERCULOSIS: RICKETS:
RHEUMATISM: MALARIA:
MALNUTRITION: CONVALESCENCE:
As a GENERAL SYSTEMIC TONIC
After LA GRIPPE, TYPHOID, Etc.

DOSE: One tablespoonful after each meal.
Children in proportion.

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New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request

A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

Miss M. V. Parks, R.N., has resigned her position as superintendent of Rock Valley Hospital, Rock Valley, Iowa, where she has spent seven months in very pleasant and interesting work. She will return to her home for a visit, then go to San Francisco in the spring to continue her work.

Miss Eugenia Henderson, R.N., former superintendent of the Twin City Hospital, Winston-Salem, N. C., has resigned her position and has gone to Tampa, Fla., to take charge of the Halcyon Hospital.



Engagements Announced

Mrs. Fred Major announces the engagement of her daughter, Lillian E. Williams, to Eugene M. Seymour. Miss Williams is a member of the Nurses' Registry of the Hartford Medical Society.

Mr. and Mrs. Thomas Parry, of Shamokin, Pa., have announced the engagement of their daughter, Evelyn Clifford Parry, to Victor Greene, of Tamaqua. Miss Parry is a graduate of the Fountain Springs Training School for Nurses.

Capt. and Mrs. John W. Carter, of Salisbury, New Brunswick, announce the engagement of their daughter, Nettie Winnifred to Arthur Hildreth Kendall. Miss Carter is a graduate nurse of the Worcester, Mass., City Hospital.

Mrs. Charles Vanderholt, of Sharon, Pa., announces the engagement of her daughter, Lillian, to Mr. Leroy Wright. Miss Vanderholt is a nurse in training at the Lakeside Hospital, Cleveland, Ohio.



Marriages

On February 19, 1913, at Syracuse, N. Y., Miss Lina B. Stone, graduate of Hackensack Hospital, Hackensack, N. J., Class of 1907, to Mr. J. Hilliard McMillan, of Vancouver, B. C. Mr. and Mrs. McMillan will reside in Vancouver, B. C.

On February 19, 1913, at Philadelphia, Pa., Miss Charlotte Elizabeth Mathews, to Dr. Harry Z. Hibshman. Mrs. Hibshman was for three years assistant directress of nurses at the Samaritan, and Dr. Hibshman is a member of the surgical staff.

On February 18, 1913, at St. Louis, Mo., Miss Eleanor Ballard, of St. Luke's Hospital, to Col. C. D. Matthews, of Sikeston, Mo.

On February 26, 1913, Miss Emily Virginia Brower, of Williamsport, Pa., to Dr. Arno Klein, of Mt. Vernon, Ind. Mrs. Klein was head nurse at the City Hospital, Williamsport.

On February 6, 1913, Miss Eloise Hines Bunnell, of New Haven, Conn., to Mr. Eugene Alton Tracy, of South Coventry.

On March 8, 1913, at Philadelphia, Pa., Miss Emily Ragenstose to Dr. Guy T. Holcombe. Mrs. Holcombe is a graduate of the Homeopathic Hospital Training School for Nurses, Reading, Pa.

On March 9, 1913, at Mahoney City, Pa., Miss Lottie M. Seeley to Mr. Delwyn Wolf. Mrs. Wolf is a graduate nurse of the Hazleton, Pa., Hospital.

Mrs. Elizabeth C. Bowen announces the marriage of Barbara Matilda Unger to Mr. Charles Jonathan Austin on Wednesday, December 11, 1912, at Honolulu, Hawaii. Mrs. Austin is a graduate of the Erie County Hospital Training School for Nurses, Buffalo, N. Y., and late superintendent of nurses of the Columbus State Hospital, Columbus, Ohio. Mr. and Mrs. Austin will make their home at Hilo, Hawaii.



Births

On December 8, 1912, at Greensboro, N. C., a son, Andrew Schlosser, Jr., to Mr. and Mrs. Andrew Schlosser. Mrs. Schlosser was Miss Christine Staaroni, graduate of St. Leo's Hospital, Class of 1900.



Deaths

Miss Frances Black, since 1909 superintendent of Flower Hospital, New York City, died February 17, at that institution, of pneumonia. She had been ill about five days. Miss Black was a graduate of the Lee Homeopathic Training School for Nurses, at Rochester, N. Y. Soon after her graduation she was appointed superintendent of the Utica Homeopathic Hospital, where she remained seven years. She then went to the Buffalo Homeopathic Hospital. Her next position was at the Smith Infirmary, on Staten Island, from which institution she was called to the Flower Hospital to become superintendent of the Nurses' Training School, and in the fall of 1909 was appointed superintendent of the entire institution.

Intractable Coughs and Colds

—owing their prolongation to constitutional or systemic weakness
—are usually bound to continue until the nutrition and vitality of the whole body are substantially improved. The well-known capacity of

GRAY'S GLYCERINE TONIC COMP.

to spur physiologic processes, promote functional activity and restore the nutritional tone of the whole organism, readily accounts for the benefits that promptly follow its use in all affections of the respiratory tract.

¶ When local remedies fail, or at best give but temporary relief, "Gray's" can be relied upon to so reinforce the natural protective and restorative forces of the body that even the most persistent catarrhal diseases are quickly controlled and overcome.

135 Christopher St.

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New York

This IMPENETRO Sheet was thoroughly sterilized in its wrappings by steam under pressure.

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Impenetro prepared in the cleanest manner and then sterilized. When the outer wrapper is removed, the sheet is ready for use. It is not soiled by fluids, and it can be used without contaminating the patient or the operator.

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SAN FRANCISCO

New Remedies and Appliances

Sphygmomanometer

A new instrument which has been devised and perfected by the Taylor Instrument Companies for the correct estimation of blood pressure or arterial tension, seems to be a combination of good points and no bad ones.

The medical profession, and particularly those who are interested in research, office and physio-

logical laboratory work, have long felt the want of an instrument which would plainly and correctly not only give systolic and diastolic pressures, but also show every

cardiac movement of impulse plainly. This new instrument fills this position, which so far has been vacant. It is constructed on the diaphragm principle, as is their small instrument, but owing to large dia-

phragm chambers the action of the hand is very much magnified, and, as the instrument has an 8-inch dial, every oscillation or movement of the hand can be plainly and distinctly seen, and, therefore, not only enables the observer to easily obtain the largest oscillation at the diastolic point, but further enables her to make a much closer maximal or systolic reading.

The instrument would seem to be the ideal one for classroom work, as it can be placed either on a table or desk or hung on the wall by the attached anchor plates, and the movement of the hand can be plainly seen for fifteen or more feet, thereby enabling the whole class or clinic to witness each observation taken.

As a part of the office or hospital equipment for those doing much blood pressure work, this instrument would seem to be indispensable.

Illustrated literature on this instrument can be obtained of the Taylor Instrument Companies for the asking.



Aznoe's Wonderful Uniform Value

The Aznoe's Company believe no other uniforms ever have or ever will have the wonderful value that is represented in the great strength and

wearing qualities of the new 1913 Aznoe's Pre-Shrunk Made-to-Order Nurse uniforms. By their extra strength their shapeliness will be retained long after other weaker uniforms have stretched and gone to pieces. Hundreds of nurses throughout the United States and Canada will tell you that Aznoe's Pre-Shrunk Made-to-Order-Uniforms are a wonderful value. We are making them for nurses in private duty in all parts of this country and Canada, also a special uniform for superintendent of nurses and graduating classes. We make Red Cross surgical gowns, kerchiefs, caps and out-of-door apparel. See our advertisement in this issue.



Central Nurses' Registry

Hello! Hello! Long Distance, please. We want to tell all the nurses everywhere that the Central Nurses' Register has free registration, 'phone service, discounts on running expenses, privilege of buying at wholesale, bureau of information, lodgings, mail order department, central post office and headquarters, and legal department.

Every nurse is credited with her calls, and if on duty when call is received, we substitute, but make up to the nurse cases equally as good as the ones missed. If she has many to her credit, she may give them to friends and exchange for work she likes. This has helped us to grow more rapidly and gain the goodwill of our nurses, of whom we have more than one thousand on call.



Of Monetary Interest to Nurses

Nurses desiring to increase their earning capacity turn instinctively to massage as one of the best means to such an end. The leading physicians of every school are recommending massage as one of the greatest curative assistants known to science, and nurses at large are urged to take advantage of every means to acquire it.

There are but two classes remaining—spring, May 15, and summer, July 9, 1913, prior to the increase in time to four months, and increase in rate, in which to enter for the study of Swedish System of Massage and Gymnastics at the Pennsylvania Orthopedic Institute and School of

Experience

has won the abiding confidence of thousands of thoughtful **TRAINED NURSES** and **CAREFUL MOTHERS** in the absolute purity of

MENNEN'S BORATED TALCUM TOILET POWDER

confirming the recommendations of physicians everywhere, as superior to all others.

Mennen's is the **purest** and **safest** of Toilet Powders for "Mother's Baby" or "Baby's Mother." It **not only smooths**, but **soothes** the skin; not only **hides**, but **heals** the rawness or roughness and **prevents** chafing.



Mennen's Borated Talcum Toilet Powder

is as perfect as **Experience** and the **Science of Chemistry** can make it.

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on **Mennen's**.
Sample Box for 4c. Stamp



The Gerhard Mennen Company, Newark, N. J.

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"The Cleanest of Lubricants"

K-Y Lubricating Jelly

"The Perfect Surgical Lubricant"



Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments, "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sounds and whenever aseptic or surgical lubrication is required.

Supplied in collapsible tubes.

Samples on request.

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Food for Typhoid Patients

ROBINSON'S "PATENT" BARLEY

FOR INVALIDS and those recovering from influenza, typhoid fever and other illness. Made into gruel or barley water is a food constantly recommended by Physicians.

ROBINSON'S "Patent" GROATS

for the nursing mother or for young children.

"Patent" Groats made into milk-gruel or porridge, can be taken three or four times a day, is very nourishing and easily digested.

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Mechano-Therapy, Inc., 1711 Green Street, Philadelphia. Why not advantage yourself of the lesser cost, shorter term? Our 56-page prospectus, with 46 illustrations, will give you fullest particulars. It is yours for the asking. We would suggest an early application. See large advertisement.

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Superintendent.



Get Acquainted

"Dix-Make" Uniforms have a national reputation. They have been on the market for seventeen years and are as well known in California as in Maine.

It is only during the past few months that the manufacturers have commenced to advertise them, but the demand for "Dix-Make" uniforms has kept steadily increasing because every nurse who bought them would recommend them to other nurses.

"Dix-Make" uniforms are better today than ever. Henry A. Dix & Sons Company have made a careful study of this business and guarantee their uniforms to be better made and better fitting than those made to order. Yet "Dix-Make" uniforms are all ready-for-wear; to buy them is to save money, time and annoyance. All sizes from 34 to 46 are to be had at the leading store in your city; ask for and insist upon getting "Dix-Make" to obtain satisfaction. The label is in every uniform for your identification. Write to the firm for exact information and illustrated literature; they will be pleased to hear from you.



Happier Patients

Women patients, especially, if they are sensitive about their personal appearance, dread visitors when they are looking "bad." One nurse has earned lasting gratitude from many of her patients. Just before callers arrive, she gives her patient a massage with Daggett & Ramsdell's Perfect Cold Cream. It makes the patient look and feel so much better, and puts her in a cheerful frame of mind. This suggestion may appeal to you. Daggett & Ramsdell will send you a sample tube free. See their announcement in another part of this publication.



Maltose in Infant Feeding

Recent medical literature has devoted much space to a consideration of the comparative merits of the various carbohydrates in infant feeding. As the result of numerous experiments along this line authorities, both in this country

and abroad, have reported most satisfactory results from the use of maltose. The term "maltose" is misleading to one not familiar with pediatric matters, because by it is not meant pure maltose, but various combinations of maltose and dextrin. Pure maltose is so expensive and so difficult to obtain that it is almost never used in infant feeding.

The maltose-dextrin preparations are not all alike. They differ considerably, both as regards their method of manufacture and the relative proportions of maltose and dextrin in the finished product. These are matters of great importance, because, to insure the best results, the maltose and dextrin must be derived by natural processes, and, further, the finished product must contain them in the proper proportions. The product that best meets these requirements is Mellin's Food. The maltose and dextrin in Mellin's Food are derived in a *natural* way through the action of sound barley malt upon prime, full wheat. Moreover, these carbohydrates are presented in Mellin's Food in the proportions best adapted to the needs of the infant's growing organism.



Aznoe's Registry for Nurses

Aznoe Central Registry for Nurses, of Chicago, with its years of successful experience, offers its services to those seeking nurses and to those desiring positions. The Registry has endeavored, by fair and intelligent service, to deserve the confidence of its patrons. That it has, in some measure, accomplished this, is shown by the fact that hospitals of the highest standing, in all parts of the country, have sought its aid in securing nurses, and by the equally important fact that nurses of all classes have been glad of its assistance in securing for themselves satisfactory positions. Each succeeding year has given to the manager of the Registry a wider acquaintance with the hospitals of the country, their individual needs and requirements, and at the same time has increased correspondingly their acquaintance with those engaged in this great field, so that it is possible for them to speak with greater confidence than ever before of the services which it may reasonably expect to render those wishing positions and those wishing nurses for positions.



Special Offer

We wish to call the attention of our readers to the special thirty days' offer made by Mr. A. W. Diack regarding his Sterilizer Control.

For twenty-five cents, in either coin or stamps,

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, has extended and enlarged the scope of this teaching and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course average over ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

Instruction both theoretical and practical is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

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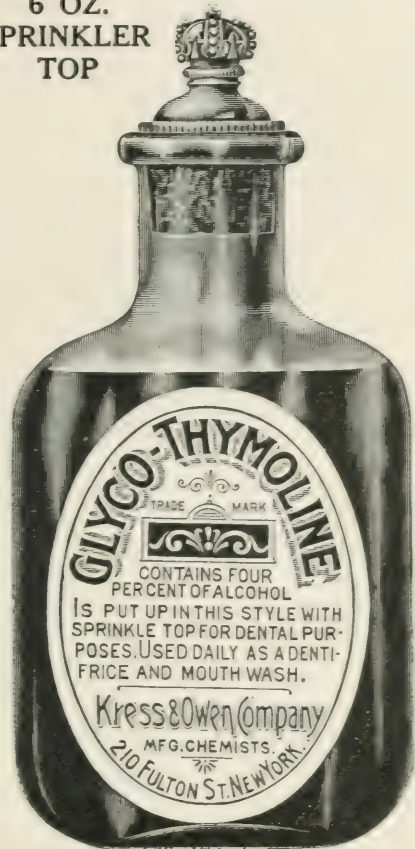
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he will send you six Sterilizer Controls. We advise all to take advantage of this splendid offer. See advertisement in this issue.



The Chase Hospital Doll

Again this month we wish to call our readers' attention to the Chase Hospital Doll, for nurses' training schools. Its advantages are so manifest we are not surprised that the manufacturer reports inquiries from training school superintendents from coast to coast, following the advertisement in our columns last month.

The many manipulations which can be manually taught by its aid and which are impractical with the living subject, make it indispensable. The trouble of obtaining a satisfactory living subject often leads to neglect of this important part of the instruction of each pupil.

A few words explaining the construction may prove helpful. The internal reservoir is of copper, and is tested before it is placed in position as to being watertight. It may be emptied by raising the doll. The ears have natural openings and are fitted into metal cups. The whole doll is painted with several coats of oil paints and should be waterproof.



Ergoapiol (Smith)

Medical men frequently encounter cases where, from one cause or another, the menstrual function has abnormally lessened or ceased entirely, giving rise to a distressed mental state in what is probably a nervous and excitable patient. Fears of impending evil once aroused cause an aggravated degree of mental distress, which is most decidedly not beneficial to the patient's welfare, and a medicament such as Ergoapiol (Smith), which invigorates the reproductive and sexual system, is welcome to the much-harassed professional man in search of a preparation which is simple and easy to administer.



Relief from Nursing

In the "back" of every nurse's mind runs the question: "How long shall I be able to stand nursing?" "How long will I be able to stand the hours?" "How long will my nerves hold out?" "And what will I do when I have to face that condition of affairs?" In New York, at 149 West 36th Street, there is a clean, white training school—The Carpine School of Instruction—high up in the fresh air, where you can learn the profitable trade of beauty culture, at a very low cost. A

trade that calls neither for long hours nor nerve-racking work. A cheerful, happy, sunny work that will enable you to keep yourself in comfort and eventually establish a paying business. See their advertisement in this magazine.



Grape-Nuts

The question of a light, nourishing, easily digestible food for those who require prompt help at the least cost of bodily energy, is well answered in Grape-Nuts and cream. This famous food still holds its place in a class by itself. Made of whole wheat and barley, it affords the tissue-building albumins and energy-making carbohydrates of these cereals—the latter largely dextrinized and further converted into soluble sugars, for prompt assimilation.

Patients who have not yet regained their normal appetite or digestive powers, are usually glad to avail themselves of the crisp, nutty granules of this clean, wholesome food and the thorough mastication required is, of itself, a big help back to healthy digestion and body nutrition.



The Appetite in Tuberculosis

In view of the fact that hypernutrition, or so-called forced feeding, constitutes one of the important indications in the treatment of many cases of tuberculosis, more than ordinary attention must always be devoted to maintaining the appetite. Unfortunately, many of these patients have an aversion to the very foods which are best adapted for repairing and resisting the ravages of the disease. It is here that Gray's Glycerine Tonic Comp. serves one of its most important purposes, by reason of its notable capacity to awaken a deficient appetite in a perfectly natural manner. It not only possesses the desirable feature of great palatability, but through its tonic properties it never fails to impart just the right tone to the digestive organs. Thus the effects are so much more permanent and far-reaching than are obtained from ordinary stomachics, that not only are larger quantities of nourishment freely taken by the patient, but a correspondingly increased amount finds its way to the remote tissues.



Formamint

Formamint is a tablet made up of the most powerful of antiseptics or germicides, combined with sugar of milk and other appropriate agents into a palatable but extraordinarily efficient

To All Wise Nurses:

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You know how unsatisfactory most abdominal bandages are—hard to fit, hard to keep in place, often painful, always *expensive*. Then they make such a *bulk*! And women don't like that—especially *stout* women, who are too big already.

Your patients will be grateful to you for directing them to a corset that is ultra-stylish and comfortable—world-famed for durability (hence *economy*)—and in addition has a feature that reduces the figure symmetrically and is also a perfect abdominal support.

The LASTIKOPS BANDLET in this Corset gives better ABDOMINAL SUPPORT than the best separate abdominal bandage you can buy AT ANY PRICE

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An Added Convenience

Those of our readers who are acquainted with the R. R. R. helps for Nurses will be interested in the new policy of the publisher, by which he is willing to place these supplies on sale through local druggists and stationers. This will add greatly to the convenience of those who wish to avoid the delay incident to ordering by mail.

Those not acquainted with these modern sick room assistants may obtain free samples by sending a request for them to F. L. Ruddy, Herald Building, Watertown, N. Y.



The Bath

Use one-half cupful of Wyandotte Sanitary Cleaner and Cleanser to a bathtub of water. Wyandotte Sanitary Cleaner and Cleanser softens the water, cleans the pores and makes the skin soft, white and smooth. Those troubled with rheumatism will obtain much relief in hot Wyandotte baths.



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Nurses' Registry

The Fifth Avenue Directory for Nurses, under Miss Baylies' management, has been most suc-

cessful in its work. Nurses are supplied with positions of every kind, from hourly nursing to hospital positions, and the registry is endorsed by the leading physicians of New York City. See the advertisement in this issue for address.



Mental Disorder

This condition frequently results from prostration of the nervous system so common to this disease. The mind is depressed and devoid of cheerfulness, gloomy and disposed to look on the dark side, anticipating every kind of misfortune. This derangement, carried beyond a certain point, terminates in melancholy and frequently total loss of reason. It is obvious that the system, having no power of assimilating food, with complete prostration of the vital forces, will become an easy prey to all those diseases that depend upon impoverished blood and depraved nutrition and to the epidemics of fevers, diarrhea and dysentery, that annually spread over the country.

Long clinical experience justifies the recommendation of Bovinine as the most reliable tonic and food for the relief of this disease. Under its effects the appetite will be restored, digestion facilitated, tongue will clean, the liver and kidneys become active, bowels regular, the skin will assume a healthy hue, and the brain, heart and nervous system will be relieved, sympathetic affections will disappear and the mind resumes normal tone and elasticity that gives new zest to life.



Resinol Soap

It is made for the toilet and bath and its purpose is to promote skin health. Being entirely different from ordinary soaps, it brings to the skin results far beyond your expectations. It keeps the skin free from impurities and will do more for the complexion than any amount of cold cream and "beauty preparations." It nourishes the underlying tissues of the skin, stimulates the cutaneous circulation of the blood, thus preventing the stagnation that causes sallowness and the drying and wasting that results in scurf and wrinkles.



How to Do It

To obtain thorough cleanliness, proper regulation of the glandular structures of the scalp, and to stimulate the tissues which are essential in restoring and maintaining normal healthy conditions, use Packer's Tar Soap.

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The Trained Nurse and Hospital Review

VOL. L.

NEW YORK, MAY, 1913

No. 5

My Visit to "The Lady With the Lamp"

ETHYL D. WANKLYN

Graduate Long Island State Hospital.

WHEN a small girl at school in Kilburn, a suburb of London, in the early '90's, I was an ardent member of the Junior Red Cross League. It was a club for girls under thirteen, originated by one of my instructors as a means of teaching us first aid to the sick and wounded; we were also taught the care of small children; we learned bandaging, using old linen, which we brought from our homes; how to assist in the time of need or accident. We had a real child for practice. We learned to bathe and dress him, to cut out and make his clothes; we also learned to wash and iron his little clothes. He was a year old and belonged to the janitor of the school.

The League was an idea of Miss Chamberlain, who was a good-natured, motherly body, to whom we all went with all our troubles—cut fingers and bruises. At last her work of love became rather a burden, for she never had a minute to herself, so she started a class for First Aid for girls under thirteen. After the first enrollment we had six members, of which I was one. Then came the choosing of a name for our club.

At that time "Red Cross" was affixed to everything pertaining to nursing, to books, uniforms, different drugs—everything was the Red Cross. So we girls, to be in the

fashion, chose the name "The Red Cross Club," but it was changed later by Miss Chamberlain to "The Junior Red Cross League," which we all thought was a very distinguished title indeed. We all of us very much enjoyed our half hour daily learning first aid. We each took turns at being patient, which at first was more fun than work. We all enjoyed it immensely and laughed most of the time, till at last our instructor informed us that frivolity was out of the question in a real nurse, so after that we were six very dignified girls.

At the close of our first year's work, we were asked what we would like to do best as a reward for our good work. Some suggested a day at the different museums or parks, but afterwards it was changed to a visit to Florence Nightingale, whose life we had studied so closely that she was known to us more familiarly as "The Lady with the Lamp" (as the soldiers called her during those two terrible years she spent in the trenches).

Miss Chamberlain wrote and made arrangements for us to visit that wonderful lady. One spring afternoon (our class had now grown to fourteen) we all met at the school at two o'clock. We were all very excited as we mounted to the top of that London 'bus. We got off at the Marble

Arch and walked across the park to South Street, where Miss Nightingale lived.

It was a typical London house, overlooking Hyde Park, and I remember a window box being in every window in the house, filled with white marguerites and pink geraniums—they looked very bright and pretty. We were admitted by a man servant, and later conducted up a long flight of stairs by a maid dressed in black, with a large white cap on her head and long white streamers down her back (a London fashion even now). We were invited to enter, two at a time, a large, square room. I think there were three windows, filled with flowers; a large fire was burning in the grate, and the room seemed very full of old-fashioned furniture. Near one of the windows a dear old lady sat in a large chair. She was small and frail, but spoke in a very cheerful voice, as she greeted each of us. She had evidently been very well informed about us, for she called us all by name and spoke as if we were real old friends. She asked us about our work at school and how we would like to become real nurses. I had been honor girl for three months, for which she praised me and advised me to keep very close to the Red Cross League even after I graduated. (This I did and studied with the new members and finally assisted Miss Chamberlain in teaching her next class, which had grown to forty). Miss Nightingale also told us that in her very first nursing her patient was

a pet dog belonging to her sister. It had injured its foot in a snare that had been set for rabbits. Miss Nightingale was then nine years old. She told us she always loved to help the sick. At first she visited the poor sick people around her father's house, and since had studied in general hospitals in Europe and England. She told us she worked very hard till she was thirty-four years old, when she was called by the government to do her great work. Up to that time she had studied continuously. She told us that nursing was probably the hardest but was the greatest work for womankind. About this time we left her; she seemed very tired and languid. She complimented Miss Chamberlain on her work as we were going, and told her she hoped to see our League established in every school in the Queen's dominion, for girls big and little.

We were shown downstairs again by the same maid in black, who seemed very friendly and happy, into a dining room, where a great feast had been prepared for us. The table was set for tea, and was loaded with good things. The man and maid waited on us and we had a very happy time indeed. We would very much have liked to have thanked "The Lady with the Lamp" for the treat she had prepared for us, but instead we each wrote a little note of thanks the next day and sent them to her in one envelope.

Fragile, remote, a lady dwelt apart
A lifetime's space from all the life of men;
Then softly slept. And England's mother-heart
Grew very tender as she saw again
Sick lads at Scutari, who kissed the pale,
Swift shadow of Saint Florence Nightingale.

JOHN PEARSON.

Nursing in the Great Mid-Western Floods

FELIX J. KOCH

PROBABLY nurses have never been in greater demand in any one section of the United States since the great earthquake and fire at San Francisco, in 1906, than when the first news of the terrific flood catastrophe at Dayton, Ohio, went forth, to be followed so soon after by similar stories from Hamilton, Columbus, Middletown and elsewhere. In the San Francisco holocaust, however, one might see his way even at the

On the first relief train from Cincinnati, the nearest city of size and almost the only point untouched by the floods, with which any manner of communication could be established, twenty nurses, most of them from the City Hospital—though there were a few from the Jewish Hospital and from the Good Samaritan Hospital. A few of the number were but newly graduated from the training school, but there was work for all at such



GOING FOR RELIEF TO THE NATIONAL CASH REGISTER

edge of the flames, but at Dayton water was everywhere, even up to the second stories of the homes, and on this water rescue work made almost impossible, first by the current, in which no boat could live, and then by the wreckage, causing shoals at most unlooked-for places. More than that, the night was bitter cold, sleet and snow rushed down from the lurid skies and the wind howled a perfect dirge around the tumbling corners.

Into such chaos the nurses went, obedient to the summons. The first quota of nurses had the most perilous conditions to meet.

time. The nurses wore the badge of the Red Cross for this occasion, and, though volunteers, they soon fell into the work required and were as adept as the most seasoned Red Cross workers.

Once aboard the relief train, made up for the occasion, progress to the scene of disaster was slow. The C. L. & N., the only available railway, was in bad condition, and, coupled with this, was the matter of washouts and fear of loose tracks and bridges, due to the flood and the rains, which were still pouring. The first word was that the



FIRES FOR WARMING THE RESCUED

nurses would be forced to spend the night in the coach, and so the young women prepared coffee and sandwiches for the doctors and the other men, who were soon to launch on the rescue work. An inky dark night was all they could see without, and in the none-too-clean coach—the road did not proffer a Pullman—conditions were far from pleasant. Leaving Cincinnati at three in the afternoon, the train did not reach Dayton until between eleven and twelve that night? Dr. Arch. Carson, in charge of the nurses, at first ordered that they prepare to stay over night in the car. Later this order was changed and an escort came to take the nurses to the National Cash Register factory, the only haven of refuge with heat and light in all that wilderness of flood and storm. At 1.00 the nursing corps retired, sleeping on the boards of the factory floor. At 3.30 in the morning they were called.

Miss Margaret Colvin, one of the nurses who did efficient work for the suffering at Dayton, is the surgical nurse of the Cincinnati Hospital. She gives an interesting account of her experience:

"It was four in the morning," she says, "before we really knew what we were to do.

Everything was in such confusion. We had our wraps, and some of our squad donned their uniforms, but most of the nurses did not. At four they told us we would get breakfast at five, and then, at daybreak, we would be assigned to the relief stations about the city.

"A company of University of Cincinnati students, who had volunteered for Red Cross duty, had come up with us on the train, and with two of these, three other nurses, two doctors and a guide from the Cash Register plant, we went by auto to the designated point, taking our medical supplies along with us. Our squad was assigned to the Stivers High School. We had a stretcher along with us and we soon gave the place a hospital aspect.

"At the start we established ourselves on the first floor, but very shortly the water came there and we were forced onto the second. Through the windows we could see boats going about, looking for people. It was bitter cold, but we nurses each had our own blankets, and this helped somewhat. Then, too, we put up some gasoline stoves for heating things, for there was no gas to cook on in all the town. We never learned



AFTER THE WATERS SUBSIDED

where those gasoline stoves had come from; they were old-time ones and, perhaps, taken by force from some nearby families.

"Despite the terror and excitement round about we managed to get together a breakfast for the helpers. By that time the patients began coming in. They were wet, frozen and hungry. Almost as soon as they'd got to us and realized they were actually safe, they grew hysterical. Many of them lost their nerve as soon as inside the door; they did not know their own names, and where the hysteria was very bad we were forced to administer medicines hypodermically. Where such procedure was necessary, automobiles were at hand to take them to the hospital.

"Many of the poor maroons we had to dry and put to bed, in borrowed clothing, and the bed just the floor. As soon as these were thoroughly warmed they felt much better, and many of them went out to find their relatives forthwith. Meanwhile, our own building was bitter cold. The engine room was full of water; there was no place for a fire. We sent the worst afflicted, therefore, to the hospitals, and the other invalids of the churches, where havens of refuge

were established. We kept a register of all those cared for.

"It is interesting to relate," our informant stated, as her eyes clouded at the memory of the sufferings she had witnessed, "that the little girl who kept this record for us had been in a house till the water rose to her neck. At last she was induced to flee and escaped first to her roof. Finding this growing unsafe, she passed from roof to roof, till somehow she got on top of a series of railway cars. From these she passed up the train, a very long one, to higher ground, by way of which she came to safety. She had been visiting, and her own home, she found, was quite safe. She dried herself, took food and then went out to help the nurses.

"Another interesting case came at the height of the torrent. We had a dear little couple brought in—the girl perhaps eighteen, the boy one year older. They came, shivering, to the door; the girl was hunting her mother, who had been previously brought to us. I assured her she was well cared for. The boy, meanwhile, seemed so attentive to the lass, I felt sure he was either her husband or brother. She was cold, and as I put a sweater on her, I asked her about him. The

young man, she stated, had never seen her before—or vice versa—but they *had swam* Second Street to safety together, ‘and I guess we’ll be together forever after,’ she said.

“Along about afternoon the nurses got word that the levee had broken, and every one fled the hospital, excepting the doctors, nurses, and one of the high-school boys who remained, saying we were as safe here as any place, for this was a new building, and, as the water had already been to the second floor and it had stood, it would stand again.

“I put medicine and other supplies in a bag, ready to go, if necessary, but there was no need. Instead, we jollied the soldiers to keep these from running. The boys drew our attention to the men we could see looting. One man made people pay all they had on their persons—in some cases, twenty-five dollars—before he would take them to safety. Then, again, we had patients. One man came in with a deep cut in the ankle. He was excited and screaming, and throughout our attending him, insisted on telling me how brave the women had been. Meanwhile we gave him hot drinks, dressed his wound and gave him medicine. He told us, also, when he became sane again, of a woman who had run nine squares and then strode a cable to safety.

“Meanwhile the fear of fire was over us. We were near enough to see the baze; it wasn’t more than three or four blocks from us. With the levee bursting our patients

had all run—even the ones that were most ill. One woman had a wee babe; she was not able to go, but go she did! Only the doctors and we nurses remained.

“By and by patients came in and we girls had our hands full. Six men stood about us, taking off their wet clothes till stark naked, and rambling about thus, not conscious of what they were doing. They had become maniacs, almost, by the fright. But just as soon as they were over this fright they were ready to go on.

“Soon our station became one of the most important of the flood belt. We were made a food relief station, and men brought in bread, hot coffee, etc. Had we only had heat we should have been perhaps the greatest station outside the Cash Register. There was a drug store near us, and the man in charge told us to take what we wished, and he gave us especially valuable thermometers and whisky. Some men, you know, are so accustomed to this last, that, given their daily drachm they can go on anew.

“We thought we would get a great number of pneumonia cases, from among the folk frozen on the roofs, in particular. It was so bitter cold! We stayed up there until Friday, when we were given relief,” she concluded. “I was recalled to Cincinnati to attend an operating case and as nurses from all over the United States were coming in, it was believed best that we, who had had the worst brunt, be relieved for a time, and we came home.”

In all your dealings remember, today is your opportunity,
tomorrow may be someone else's.

SELECTED.

The Nursing of Children

MINNIE GOODNOW AND ZULA PASLEY

CHAPTER II

EARLY CARE

CARE at Delivery—When a child is delivered, the physician is usually there to direct the immediate care.

Most doctors expect the nurse to wash out the child's eyes and mouth. This should be done carefully with warm boric solution. Most doctors prefer to tie the cord themselves; if a nurse is asked to do it, she must see that her hands are sterile. If the child is not breathing properly, the physician will be responsible for the treatment which may be needed, but every nurse should know how to do artificial respiration in order to be of proper assistance and to be prepared to act in case of trouble after the doctor's departure. The nurse should familiarize herself with the different methods of encouraging breathing, and should understand thoroughly the principles involved. This is best learned by actual demonstration, and should precede the regular obstetrical training.

The cord cut, eyes and mouth cleansed and respiration established, the child is given over to the nurse, and thenceforth the average physician pays very little attention to it.

No nurse who has had proper obstetrical training will desire to be left alone at the delivery. If circumstances delay the arrival of the physician and it seems likely that she will have to get on without him, she should sterilize a pair of scissors and two hemostatic forceps (if she has them), or two or three 12-inch lengths of bobbin tape. She should prepare her solutions and get everything within reach. In scrubbing her hands the usual precautions should be taken about thoroughness. Full-strength alcohol or per-

oxide of hydrogen are rapid and sure disinfectants after the scrubbing.

The actual expulsion of the head should be retarded as much as may be, to prevent laceration. When the chin is delivered, the nurse may feel with one finger to ascertain whether or not the cord is around the baby's neck; if so, it is to be gently slipped off. The shoulders should be delivered carefully. When the cord has ceased pulsating, a clamp may be put upon it, about an inch from the child's navel, the other a greater or less distance from it, toward the placental side. The cord may then be tied, or the clamp left on till a convenient time comes.

The baby, upon delivery, should be received into a warm, sterile towel held in the nurse's hands, and should be laid upon its right side (to insure closing of the *foramen ovale*), wrapped in a warm blanket, the towel being left to protect the face and eyes from the roughness of the blanket, and the cord from the possibility of infection. The baby may be laid in bed or basket or in a rocker or arm chair which is well padded. In cold weather, it is wise to cover it with a second blanket, and place a hot-water bag in the folds, being careful to avoid possibility of burning.

If the child is in good condition, it may be left while the nurse assists in the care of the mother. An occasional look at it in passing is sufficient to assure oneself and the family of its well being. If the physician wishes the Crede treatment applied to the eyes, he will attend to it before he leaves. This consists of one or two drops of a 2 per cent. solution of silver nitrate put into each eye. The nurse should see that a clean dropper is

ready for the silver solution and another for the sterile water or salt solution, which is usually used after the application. She must provide the salt solution and a sterile glass in which to pour it.

Bear in mind that as soon as the mother is clean and comfortable she will want to see her child. Even though it may not be attractive in its first wrappings, her desire should be granted. After she has really seen the baby, she will be content to have it taken out of the room while she gets some rest.

A new-born baby, if kept well wrapped and carefully watched, may with perfect propriety be left for some time without further attention. The mother, even if asleep, needs strict watching for some hours after delivery, and is less likely to get it if the nurse is absorbed with the baby. Moreover, when one thinks of the radical changes which take place at birth, the establishment of breathing, the change in the blood current, the shock of contact with the outer air and the various hard and soft substances, the lights, movements, sounds, etc., the nervous strain of handling to which the little being is entirely unaccustomed, one finds much to condemn in the customary haste in getting at the bathing and dressing. Give the baby a chance to adjust itself partially at least to the strangeness of the world, before you add many new sensations.

The Nursery—If it is at all possible, every family should arrange for a nursery, however small. It should be a sunny room, but the crib should be set so as to screen the light from the baby's eyes. There should be no carpet, but soft, washable rugs should be provided. The floor is best of hardwood, finished with oil or varnish rather than wax, as it must not be slippery; a highly polished floor is not safe for a nurse with a baby in her arms and certainly not for little feet when they are taking their first steps. There should be no upholstered furniture, no draperies except washable curtains, and no

ornaments except pictures which are interesting to children. Provide for the baby's wardrobe a roomy box (such as a shirtwaist box) or a chiffonier. Let cleanliness, simplicity, order and quietness be especially sought for the nursery. Good ventilation should be provided, and this means making a study of that particular room in order to avoid drafts and give an abundance of fresh air. The temperature of the room for the first few days should be nearly 78° , and for a few weeks when the baby is bathed it should be kept very warm, but may gradually be cooled until by the time the baby is a month old it is not more than 70° .

Bathing—As soon as possible after delivery, the child should be well anointed with sterile olive oil or white vaseline, especially in the folds of the groins and about the neck and head. Within a half hour after this application, it will be found that the cheesy material (vernix caseosa) which was present has disappeared. Gentle sponging with not too strong soap suds at a temperature of 100° to 105° will remove the oil and any foreign matter which may be present. A tub bath is, as a rule, objectionable, because of the danger of infecting the cord; but one may appropriately be given if for any reason the child is blue or chilled.

In giving the bath do not assume the awkward and inconvenient position of sitting in a low rocker with the tub on the floor and the child in your lap. Use a table. In private practice the kitchen or dining-room table is usually the best, and with a folded blanket over it makes a good arrangement. In hospitals an ordinary pine table may be padded and covered with oil cloth. In cold weather it is best to place a hot water bag, not too full nor too hot, between the folds of the blanket upon which the baby is laid.

For a sponge bath have the water at a temperature of 105° , as it cools very rapidly. For a tub bath, make it 100° ; by the time the baby is undressed and ready it will have cooled to about blood heat. The tempera-

ture should be reduced after a week or two, and the child gradually accustomed to cool water. The softest of wash cloths and towels should be used and the utmost care exercised in drying. If properly absorbent materials are used there is no excuse for rubbing, as the drying can be done by gentle patting. Powder is unnecessary, but may be used sparingly if it does not irritate the skin. Always note carefully what effect powder has, as it may be responsible for things otherwise unaccountable.

When a tub bath is to be given, the baby should be wrapped in a diaper or soft towel and lowered slowly into the water. If the water is not exactly the right temperature (blood heat) or the child is thrust into it carelessly or suddenly, a permanent dislike or even fear of baths may result. Special attention should be given to the groins, the folds about the neck and under the arms. The head should be washed at each bath; when this is neglected an eczema sometimes results. If a brown, crusted condition appears on the scalp, several thorough oilings and subsequent bathing will remove it.

The eyes should be sponged off daily with warm boric acid solution. They should not be washed out unless the physician orders it. Any discharge should be at once reported.

The daily bath is not now considered essential. Some doctors prefer not to bathe the child at all until it is ten days or two weeks old, except so much as is needed for cleanliness. For very small or weak children bathing is always contra-indicated, and oil rubs should be given instead. Use for this purpose albolene, cocoanut oil or benzoinated lard, as olive oil, even if pure, is not readily absorbed. Employ a gentle kneading movement for the arms and legs and a circular stroke for chest, abdomen and back.

Even if the bath be omitted, there should be an entire change of clothing twice a day. It is not always necessary to send the garments to the wash, but they should be well aired before being used again. The change

of clothing at bedtime is quite as important as in the morning. A baby is no more likely to be comfortable sleeping in its day garments than an older child is. Attention to this small point may save many a sleepless night for both mother and nurse.

Treatment of the Cord—Unless you are familiar with his practice, always ask the physician how he wishes the cord dressed. As a matter of fact, one method appears to be as good as another, providing the materials used are sterile. Dry cotton and powdered boric acid are commonly employed; talcum powder, salicylic acid, bismuth, zinc oxide ointment, etc., are used. If the cord is a little "juicy" or there is any redness about it, pure alcohol will almost invariably check it. After the first dressing, a thorough letting alone is the best treatment. A daily inspection and change of dressing if it becomes soiled are all that is usually necessary.

It is customary in putting on the band to turn the cord to the left, in order to avoid its pressing upon the liver, but no harm is done if this tradition is not observed.

The Excretions—The child's bowels should move thoroughly during the first twenty-four hours of life. If they do not of their own accord, an enema should be given. This may be done with a small soft rubber catheter, connected to a funnel, or with an infant's bulb syringe. The syringe is more easily managed, but great care must be exercised in inserting the tip. Plain warm water may be used, or a very weak soap suds if it seems to be needed. The ancient and honorable formula of molasses and water is not objectionable, but is unnecessary.

The first urine voided is usually scanty and high-colored. It may contain a red sediment which can easily be mistaken for blood. The time, quantity and frequency of urination should be made a note of. A child may fail to urinate for the first twenty-four hours without anything being wrong. Sometimes the quantity is very small and is

almost colorless, so that it might be overlooked. If the child has not voided after twenty-four hours, a warm normal salt solution enema may be used effectively. Water given freely by mouth and moist heat applied over the abdomen and genitals help greatly in the matter. If a child goes over thirty-six hours without urinating, the physician should be called upon to take the matter in hand.

Water—Beginning the first day of life, water should be given regularly. Half an ounce, or even an ounce, every four hours, is not too much. Do not give it from a bottle till after the habit of nursing is established, or the baby may refuse to nurse. Use a spoon in the beginning, but be sure that the baby takes the water and that it is not distributed over its face and clothing in place of being put into its stomach. Feeding a baby water from a spoon takes considerable time, but pays in the end. In ordinary cases it is better not to give water at all until after the baby has once nursed well.

Nursing—The first nursing should take place as soon as the mother is rested and the child washed and dressed. If the mother has any tendency to hemorrhage, the baby should be put to the breast much sooner, as the stimulation of the nipple tends to produce uterine contractions and so stop bleeding. If mother and baby are in good condition some physicians prefer to wait twelve hours. Three or four times during the first twenty-four hours and about five times the second and third day is sufficiently often. There is very little fluid in the mother's breasts during this period, but the first secretion (called *colostrum*) is laxative and needed by the baby. It is also important that the nursing habit be established.

The mother or some solicitous relative may suggest feeding the baby before the milk appears. One should insist in such a case upon following Nature's suggestions, which very plainly say "No" to this procedure. The baby is rarely hungry and can-

not be induced to nurse often, since the little body contains stored-up sustenance enough to last for a few days; moreover, the very absence of milk in the mother's breasts is in itself a hint that it is not needed.

Remember that a primipara rarely knows how to properly nurse her baby, and that it is the nurse's duty to teach her. Have her lie well over on her side, so that breast will come squarely in front of the baby's mouth. The baby's head may be supported by her arm or a thin pillow, but it is quite as satisfactory to omit either and lay the baby flat upon the bed. The mother should be shown how to support the breast with her hand, holding the nipple so that the baby may be able to get and retain its hold. Much of the difficulty about getting a baby to nurse is due to its being placed in an awkward position so that the child starts out by being discouraged. These matters seem small, but they lie at the root of success. If the milk seems not to flow freely, gentle massage of the breast or warm applications may assist. If it flows too freely the mother may with her first and second fingers near the nipple retard it.

The duration of each nursing varies according to the flow of milk and the vigor with which the baby nurses, being from ten to twenty minutes. The nurse must study the individual baby and adapt her procedure to it. If the child refuses to waken or seems not to be hungry, it may be allowed to sleep, and the mother may be assured that when it is really hungry it will nurse properly. The baby's sleepiness should not be made an excuse for omitting an attempt at nursing when it is time, as irregular habits are quickly formed which are annoying to the mother and bad for the child. The nursing schedule should be as follows: Beginning early in the morning, whenever the child awakens, say at five or six o'clock, a persistent attempt should be made at nursing every two hours up to bedtime, say nine o'clock. Every four hours during the night is often

enough, and a healthy baby which is doing well should not be wakened even as often as this. It may be allowed to sleep all night if it will. This routine will make nursings come at 5, 7, 9 and 11 A.M., and at 1, 3, 5, 7 and 9 P.M., with a night nursing about one o'clock. In this way the mother is not disturbed and robbed of her rest and the baby is taught to sleep at night. It takes very few weeks of good training to produce good results in this matter, and very few weeks of carelessness to produce bad results.

Care of the Baby's Mouth—The baby's mouth should be washed thoroughly but gently before each nursing. In theory, it should also be done after nursing, but in practice it does not seem quite rational to waken a baby who has just dropped off to sleep. The point is to see that the mouth is kept clean, and it is easier and surer if a definite routine is established. Use a bit of absorbent cotton twisted about a toothpick, being sure that the point is well covered. The nurse's finger, no matter how gently used, may bruise the tender membrane of the mouth.

The mother's nipples should be washed both before and after nursing, the washing afterward being the most important. Any excessive tenderness or the least suspicion of a crack should be at once reported to the physician.

In cases of flat or retracted nipples a breast pump may be used to draw them out, or a shield employed to enable the baby to take hold of them. These appliances may usually be dispensed with if the baby be properly awake, properly placed and skillfully handled. Very bad cases of retracted nipples may be successfully overcome by a good-tempered, wideawake baby.

Crying—The child's crying during the first few days is one of the most difficult matters

with which the nurse has to deal. She must explain as best she can the reasons for it, and endeavor to quiet the mother's anxiety in regard to it. It is well to observe that the mother frequently worries less over crying if the baby is in her room and she can see what is being done. At night it is better that she be not disturbed and that the baby be cared for in another part of the house. In hospital practice babies are best kept at some distance from the mothers' rooms or wards, but the mothers should be told that they may see them whenever they wish. A mother frequently wishes her baby kept near her, because she fancies it will not be brought when she requests it or that it may be neglected. Tact and the arousing of confidence are needed on the nurses' part to overcome this. Very few mothers object to their babies being kept in a nursery if the matter is properly presented.

Crying may be from hunger. If there is apparently no milk in the mother's breasts and the child appears unsatisfied after an attempt at nursing, one may try giving water, on the ground that relieving thirst and warming and filling the stomach may prove comforting. If one is convinced that the child is really hungry, the physician may be notified and food given under his advice. The nurse should take no responsibility in the matter of artificial feeding at any time.

Crying may be due, even in the first few days, to colic. This may be relieved by copious draughts of warm water and by laying the baby almost on its face over a hot water bag. If these expedients fail, an enema of warm water will usually be effective. In a few cases crying may come from simple lonesomeness. Try turning the baby slightly, gently patting it, or even talking to it. It should not be taken up nor held.

Nursing in an Indian Sanatorium

EDITH ROSS CHANEY

TUBERCULOSIS, or the hidden disease, as it is called by the Indians, has made terrible inroads in every tribe, and the United States Government, seeing this condition, has established sanatoria in different parts of the country.

The largest of these institutions is situated at Fort Lapwai, Idaho. Here the Government has 1,200 acres of fertile land, where are raised fruits and vegetables for the institution, and where the large dairy of thoroughbred Holsteins find abundant pasturage the year around. The Fort Lapwai Indian Sanatorium School is built to accommodate one hundred children, between the ages of six and twenty. These Indians come to us from all parts of the United States. There are eighteen different tribes represented. The boys and girls each have their separate buildings, all under the same management.

The writer has been the girls' nurse for more than a year, and it is of this work that I will tell. I now have in my care forty-two girls, of all ages and dispositions, and when one remembers that each child has tuberculosis in some form, which makes their temper variable, one can readily understand how hard it is to discipline them and teach them even the rudiments of healthful living and sanitation. Many of these children do not realize they are sick at all.

Everything is regulated from a medical standpoint and regular habits are taught. The girls rise at 6.45 A.M., their temperatures are taken at 7 A.M. and at 4.30 P.M. By 7.30 girls are dressed and beds are aired and they are ready for a substantial breakfast; after breakfast each girl makes her own bed and is assigned some light work, according to her condition of health. They spend two hours in school each day whenever they are able, and when the weather is good, school is held out of doors.

These children are kept out of doors a greater portion of the day, playing on the recreation grounds, where are swings and teter boards and basket ball, and I understand that in the near future the most up-to-date playground apparatus is to be installed. The girls have indoor games, a fine Victor talking machine—for which several new records were given them at Christmas time. Different missionary societies throughout the country send gifts of dolls and games, books and bundles of magazines for the children, all of which are greatly appreciated.

In the treatment of tuberculosis in this institution very little medicine is given, other than some simple tonic. Tuberculin is administered once or twice a week to those whose temperature charts and condition make its use advisable. The greatest stress is laid upon outdoor exercise, and rest out in the open air; comfortable swinging chairs on wide, spacious, screened porches are provided for those who are unable to play out. The most nutritious diet the market affords is furnished and served in an attractive manner. The dining room is large and airy. The children sit at round tables seating only five, which makes the meal hour seem more homelike. The accompanying menu is a sample of everyday fare:

At 12.30 all children lie down to rest for one and one-half hours; this rest is had out of doors the year round.

MENU—SUNDAY

BREAKFAST

Fruit—Dates, Oranges
Cereal—Grains of Gold and Cream
Beefsteak Eggs, boiled half hour
Graham and White Bread and Butter
Coffee and Hot Milk



- (1) GIRLS' TRAINED NURSE, WITH BOYS' SANATORIUM IN BACKGROUND
- (2) GIRLS' SANATORIUM
- (3) PEORIA INDIAN CHILDREN AFTER THREE MONTHS' TREATMENT FOR LUPUS OF LIP

DINNER

Soup --Vermicelli
 Meat—Roast Beef, brown gravy
 Mashed Potatoes Creamed Peas
 Pumpkin Pie
 Graham and White Bread and Butter
 Milk

SUPPER

Sliced Cold Beef
 Bread and Butter Creamed Potatoes
 Stewed Apples Cornstarch Custard
 Cake Milk

LUNCH

Egg and Milk, 10.30 A.M. and 3 P.M.

We have prayers at 7 P.M., and the children are all tucked in their little white beds out on the sleeping porches by 7.30.

Very few deaths have occurred since the institution was established in 1910; in each of these cases the children were in the last stages of the disease when sent here. Two had tubercular enteritis, one cardiac infection, two pulmonary phthisis and one meningitis following typhoid fever. Seven or eight, I believe, have been discharged cured. Only three have been sent home as hopeless cases.

I wish to speak of one case in particular, a little girl of the Peoria tribe from Oklahoma, who came to us in April, suffering with tubercular glands of the throat, and a very bad case of *lupus vulgaris* of the lower lip. She was a most pitiful sight to see, was emaciated, very nervous and fretful, running a temperature of from 96.2 in the morning, to 104 at night. The lip was so swollen that it hung away over on her chin. She was put to bed and kept on a highly nutritious diet. Tuberculin treatment was begun as soon as the temperature would permit. An ointment was used locally, composed of ammoniated mercury, 10 gr. to

1 oz. of vaseline. The result was remarkable; in three months she could close her mouth, and now the lip is entirely well, and the suppurating glands of the throat are all closed but one, and she is the brightest little girl I have.

Another girl came to us from Tacoma, Wash. She was fourteen years of age and appeared to be in the last stages of pulmonary tuberculosis; she was very emaciated, face pale, with hectic flush toward night, excessive perspiration upon the slightest exertion, excessive night sweats, cough very moist and almost constant. Temperature ranged from 100 to 104 at night. We thought she could live but a short time. Absolute rest out of doors was ordered, egg nogs and lots of milk and cream, together with other nutritious diet, and now, one year after her arrival, she is fat and rosy, her temperature seldom goes above 99 at night, but she still has the moist cough. Several of these children have had erysipelas, and in every case, upon the recovery from the attack, which was light, there was a marked improvement in the tubercular condition, the patient gained weight and appetite as never before, and discharging glands were cleared up. The children here are under the constant supervision of a physician who has had years of experience among the Indians, and is an authority on tuberculosis.

Large sums have been appropriated by the last Congress for the prevention and cure of tuberculosis among the Indians.

This work is intensely interesting, but at times it certainly taxes all one's strength and ingenuity to keep forty girls who feel well but in reality have only nervous energy, interested and peaceful. Any nurse who has a missionary spirit and who wishes to work among the Indians would enjoy a position such as this.

Operating Room Economy

ASA BACON

Superintendent Presbyterian Hospital, Chicago, Ill.

(Continued from page 204)

Suture Material—Continued

PREPARATION OF SILK WORM-GUT

Wind around fingers to curl so as to occupy less space. Boil for one-half hour in covered basin, remove with sterile forceps, place in covered sterile jar and cover with 95 per cent. alcohol.

BEESWAX AND CARBOLIC METHOD OF PREPARING SILK

Wind silk on glass reels. Roll securely in muslin or other material, folding in the ends to prevent reels from falling out. Place in autoclave (20 pounds pressure) for one hour. Meanwhile liquify one pound beeswax by putting it in the instrument sterilizer. Strain liquid beeswax through sterile gauze into sterile Mason jar. Add 1 ounce, 5 drams of 95 per cent. carbolic acid. Place the Mason jar containing beeswax and carbolic mixture in instrument boiler and boil for one hour. With sterile forceps remove sterile sutures from muslin package and place in Mason jar containing beeswax and carbolic solution. Boil again for a half hour. Remove sutures from liquid solution with sterile forceps, place in sterile jars.

Keep dry. Ready for use.

Numbers 1 and 2 iron dyed braided black silk is treated as above.

ANESTHETISTS

When possible to do so, I believe it is economy to engage a professional anesthetist to serve as instructor and to administer anesthetics in complicated cases. The anesthetic bill can be greatly reduced and at least a part of the anesthetist's salary can be met by extra fees from patients who wish the services of an expert.

As nitrous oxide gas is being used by a large number of our surgeons, I would suggest that hospitals consider installing their own nitrous oxide plant, provided they have the room necessary. The amount expended for such a plant is small and gas can be made economically.

Many of our surgeons prefer to start the anesthetic with gas, afterward switching to ether. In using ether we have proven that it is economy to buy the best and purest. It goes much farther and is better for the patient. There is much opportunity for waste. For instance, much can be wasted by saturating too large a surface. The anesthetist sometimes, in watching the operator, does not always confine the ether to the cone, but saturates the towel. The opening of cans before ready for use, also using only a part of a can, is another form of waste. There is also, I am told, a great saving in making the anesthesia as short as possible, by having everything ready to start the operation as soon as the patient is anesthetized, and by removing the anesthetic as soon as the operation will permit.

The amount of the anesthetic must be governed by the peculiarities of the patient, surgical procedure and character of operation. Acute cases and alcoholics take more, while others less, but with ordinary cases an 8-ounce can properly administered will anesthize a patient for one and one-half hours. It is well to have sufficient small cans on hand for short operations.

GOWNS

Gowns can be made cheaply in the sewing room, at the same time using a pattern to

suit the surgeon. The cost is from 75 to 90 cents each, according to material used.

CARE OF INSTRUMENTS

It prolongs the life of instruments to keep them in good repair and replate as often as necessary. Your carpenter or handy man can sharpen operating scissors by using corundum wheels, attached to a dental lathe run by an ordinary electric fan motor, Surgeon's knives can be sharpened by the same handy man or the hospital barber.

SOME SMALL LEAKS AND HOW TO PREVENT THEM

A large pad of gauze is often used to wash a patient when a sponge or two is sufficient.

The wornout towels can be made into pads to wash patients.

Large, thick pads put on clean surface absorbs more alcohol, but some operators consider a large pad necessary.

Save the gauze. You can greatly reduce your bill by washing, sterilizing and using it again.

Operating pads can be used several times by sterilizing.

Use cheap cotton or gauze for pads instead of the high-priced absorbent.

Use cheap cotton for chinking windows and doors when fumigating. Save the cotton and use it again.

Laundry bags and cans of waste should be carefully watched. You will find an occasional instrument and pieces of linen in them.

Be careful about open windows. Sometimes the window-sill is a handy place to lay an instrument or a utensil; occasionally they drop out and are lost.

Replace glass top tables as fast as they break with porcelain enameled iron or nickel.

Use bottle dispensers for alcohol and

liquid soap instead of pouring on the hands in the old way.

Bags, used for sterilizing utensils, when worn out make good dust cloths, iron holders in the laundry, and they can also be used for wiping machinery in the engine room.

Urethral catheters are ruined by boiling, save them by sterilizing in alcohol.

Provide suitable lockers for the surgeons' clothing and valuables. There are dishonest men who make it a business to rifle the clothing while the surgeons are busy operating.

Mend the gloves. They can be used by the internes and nurses in the operating room and for dressing patients.

It is economy to have uniformity of solutions, uniformity of sutures, uniformity of needles, uniformity of instruments, uniformity of everything so far as possible.

I submit the following to be used occasionally in the operating room as a means of checking up the work.

Date..... Operator.....

Operation.....

SUPPLIES	OPENED	USED
Ether.....		
Chloroform.....		
Gas.....		
Alcohol.....		
Cat-gut.....		
Silk.....		
Silk worm-gut.....		
Gloves.....		
Gowns, Doctors'.....		
Gowns, Nurses'.....		
Sheets.....		
Towels.....		
Abdominal Pads.....		
Laparotomy Pads.....		
Cotton.....		
Sponges.....		
Dressings.....		
Adhesive Plaster.....		
Green Soap.....		
Solutions.....		

Clinical Studies with Nervous and Mental Patients

LUCY C. CATLIN, R.N.

II. PHYSICAL SYMPTOMS

LET us make morning rounds today with the chief on the staff of physicians in our psychopathic ward, and study with him some of the physical symptoms of the patients under our care. At the desk we pause to glance over the charts. The T. P. R. sheets present little of interest in the way of variety, deviation from one line is slight compared with that of pneumonia, tuberculosis, sepsis, typhoid fever and post-operative cases. But we notice that these sheets show in many of these cases that temperature, pulse and respiration run low, very much sub-normal with some. The doctor tells us these are the melancholias, senile dementes, brain tumors or other organic brain diseases, or states of mental depression. All functions are lowered, liver and bowels inactive, skin dry and non-secretive; the whole organism is more or less sluggish.

In this type of cases T. P. R. drop together, keeping a more or less uniform relation to each other, but when we turn to the chart of a disturbed patient, a case of exhaustion from mental excitement, or of Grave's disease, we find a break in the uniformity and a high pulse without a corresponding rise in temperature is often observed. Or, the sudden shooting up to the danger line of T. P. R., in a patient that has been very much excited for some time, may mean a state of exhaustion, where no time must be lost or labor spared in behalf of his life. Here is an hysterical patient, and we find T. P. R. going through all sorts of antics up and down the sheet. The surgical nurse would become alarmed, thinking there *must* be some septic condition which is accountable for the sudden changes, but our chief

tells us it is only indicative of the unstable nervous condition found in hysteria, a disease of disordered nervous functions. In Grave's disease the enlarged thyroid, exophthalmus and rapid pulse are telling symptoms. A pulse hovering around the 120 mark, without a rise of temperature and respiration, will continue through the course of the disease until convalescence is reached, and is not an alarming feature.

The weight charts next take our attention. Gain in weight is the foundation of mental improvement; it is the bank account from which the mind and nerves draw for their maintenance and good behavior. If mental improvement does not follow a steady and substantial gain in weight, the outlook for recovery is not good. Upon the nurse's success in feeding a patient depends his gain, and too much stress cannot be put upon the responsibility of the nurse in this direction.

The charts of our patients present little else of importance as far as physical symptoms are concerned, and we pass on with the doctor for clinical observations, which he will make most interesting to us. Distinguish between objective symptoms or those that can be seen by physician and nurse, and subjective symptoms, or those that are seen and felt by the patient only.

Mrs. A shows a dry, tissue paper skin, brittle nails, dry hair and tongue, with history of constipation, indicating a lack of secretions and poor nutrition. Miss B., the next patient, suffers from headache, constipation, gastric distress, nausea, the skin is sallow in color, the breath foul—all symptoms of auto-intoxication. Here is a pa-

tient that is much excited and has been for some time; she is noisy, busy, sleepless; we observe a dry mouth and sordes on the teeth; she does not take food or water, urine is scant, bowels are constipated; she has lost fifteen or twenty pounds in weight. A case of starvation.

In all three of these cases, is there any wonder that the minds are cloudy, confused, tormented by worries, delusions or hallucinations, depressed or exalted? If there is lack of nutrition in the skin, is there not also the same lack in the brain? If other organs show the effects of toxemia, does not the same blood stream carry the toxic elements to the brain? If there are indications of starvation in the body, the brain suffers the same, and can a starved brain functionate any better than a starved body? Such conditions may follow typhoid fever or grip, because of exhaustion, and here comes the warning to the nurse to prevent, if possible, the exhaustion by the utmost care and attention to proper feeding.

Passing on, we come to the bedside of a patient just transferred from a surgical hospital, in a high state of excitement, noisy, restless, delusional. She has suddenly developed a post-operative mania from surgical shock. Aside from many of the physical symptoms mentioned before, there is one which must be noted here, as in numbers of other mental cases, because it is a telling symptom. Untidiness is a term in mental nomenclature which indicates involuntary evacuations of bowel and bladder, and it is a marked characteristic in many mental affections. Its appearance may be a convincing mark, therefore it is an important thing for a nurse to note on the patient's chart. It shows an impaired will, and is quite different from involuntary movements with unconscious patients, or those where there is paralysis or relaxed sphincters. It is one of the characteristic symptoms of organic brain disease, maniacal conditions, exhaustion psychoses, the excited period of adolescent

cases, many senile cases and melancholias. Not only is it important for the nurse to note on the record, but she must accept it as a symptom and deal with it accordingly.

As we pause at the bedside of this patient, the doctor takes out his stethoscope, applies it to the chest and listens, then passes it to the nurse for her to hear the irregular beat or regurgitation in the heart. Continuing in our rounds, he tells us that heart is responsible for the patient's abnormal thoughts, and that heart lesions are a large factor in many mental conditions. If the general hospital nurse will recall some of the very serious heart cases she has seen, she will remember there has often been a wandering mind. The thermometer, stethoscope and scales are instruments of precision which reveal definite and accurate objective symptoms, other objective symptoms are accurate in proportion to the care a nurse takes in observing and recording.

Returning to the desk, the doctor tests the nurse's power of observation by asking her to recite some of the subjective symptoms that have been brought out by the doctor's questions and the patient's voluntary story. Mrs. X has her head in a vise, her stomach in a ball, and a tight band around her waist. Miss Y is constantly tormented by a sensation as though ants were crawling up and down her back. Mrs. Z states that her bowels have not moved for three days, while her neighbor declares she is suffering from an attack of diarrhea. Their charts tell us that a daily evacuation has taken place in the one case and that the laxative given is accountable for watery stools in the other.

The doctor's questions have brought out a persistent pain here, an intermittent pain there, and pains which play tag with each other all over the body, yet his examination has revealed no physical cause for their existence. So we could go on forever, relating subjective symptoms, for they are legion, but we express our appreciation to

the doctor, as he leaves the ward, for his instructive clinical lesson, and return to the care and treatment of our patients.

An effort has been made in this article to bring out some of the marked physical symptoms in mentally disturbed patients, to show how they are often accountable for the mental condition, and how they tell different stories than they do in the physically ill. Then, too, we have kept in mind the nurse who has had little experience with the abnormal mind, save in the form of delirium, or the peculiarities of the eccentric or the aged.

It is this nurse who needs the help which it is our endeavor to give in this series of articles, first to recognize and understand symptoms, and, second, to know how to meet these symptoms and treat the patient successfully.

While it is altogether out of the province of a nurse to diagnose disease, she can and does become familiar with certain characteristics, which, if observed carefully and recorded accurately, are of untold value to the physician. It is her duty, therefore, to cultivate her powers of observation in order that she may learn all she can of symptoms.



THE RURALES FIDING TOWARD THE CIUDADELA—AND DEATH

Under Fire in Mexico City*

BY AN AMERICAN NURSE

February 24, 1913.

DEAR BOB:

I could hardly say truthfully that time hangs heavy on my hands. True, the war is over—at least we hope it is—but the poor suffering victims who are still with us need care and much of it.

The hasty note I wrote during the bombarding gave you very little idea of what we are doing, except I believe I underlined the word "busy" several times. I have often read thrilling stories of "being within the sound of firing all day and all night." Well, you always said you'd bet on me going one better, and I certainly can this time, for from the 9th to the 19th, with the exception of two days—Monday, the 10th, and Sunday, the 16th—we could smell the powder and hear the bullets whistle over our heads. Only one shell struck us, and that hit the small-pox pavilion. Fortunately, we only had one small-pox patient, and we moved her with little trouble to a more sheltered portion on the grounds. Afterwards we picked up six spent bullets in the room from which the patient had been moved, and about fifty bullets were picked up on the verandas and in the garden after the trouble was over.

Well, to start with February 9—for you will be interested in what the papers do not publish—we heard the sound of rapid-fire guns, and all went to the roof to see if we could ascertain from whence they were coming. We discovered that the shots were being fired in the Zocalo, in front of the National Palace. Later we learned that General Felix Diaz and Bernardo Reyes had been let out of prison by the Tlalpam military boys, and that the boys had intrenched themselves in the church tower, which also

is in the Zocalo, and there they made their attack on the Palace. Bob, Bob—and then the most awful crime on record happened; I cannot tell it without a shudder. Those Tlalpam boys—brave, every one of them—seeing a white flag floating from the Madero ranks, stopped firing and crossed over to the Palace, when, horror of horrors! they were surrounded by the Federals, captured and all the leaders shot, including General Ruiz. These boys were executed by direct telephone orders of Madero. Gee, Bob, I love many things about Mexico, but thank God I am an American, where the lowest understand the meaning of the white flag. We heard the shots that killed Madero night before last, but it takes a little of the horror away when my mind reverts to the white flag incident.

As soon as the populace became aware of the fact that a revolution had broken out in our very streets, people crowded to the trains, seeking places of safety. Flags of all nations hung out of the car windows, and when the train men would no longer allow people to pass, they climbed through the windows. I tell you, Bob, it isn't always easy to stick to your post when men and women are calling you fools and saying that you will be worse than murdered. Did the nurses stick? Oh, yes, indeed, every one of them. The old Stars and Stripes floated on the flag staff at the gate, and the calm, cool-headed American nurses worked unceasingly in the different pavilions. A huge red cross floated over the street in front of our main entrance, meaning that we were ready and willing to take in all injured and care for them. Toot, toot would go the horn of an automobile, and our two men at the gate would carry the poor bleeding, groaning ones first to the operating rooms and afterwards two others would carry them to the wards

*A letter from an American nurse in Mexico City to her brother.



Y. M. C. A. GUN BEING PLACED FOR ACTION



Y. M. C. A. ROOM AND CORRIDOR AFTER THE FIRING

and rooms. The bullets were flying and the cannons roaring, but our girls, God bless them, worked on with cool head, steady hand and a love for the human race so plainly written on their pale faces, that I shall never forget the sad beauty of it all. After the first three days we became so overworked that we determined to get more help. This was a very difficult proposition, as it was quite dangerous to go on the streets, but we remembered that the American Ambassador, Mr. Wilson, was one of the world's great men, and called on him for help. We succeeded in getting him by telephone, and how proud I was to tell them that it was only necessary to reach the nurses and tell them we needed them, and they would come regardless of the danger in getting here. The toot, toot of the Embassy car about two hours later, floating the Stars and Stripes and flag of truce, meant that the relief nurses had arrived. I guess there is a heaven all right, Bob, because otherwise those girls can't reap their reward; they won't live long enough.

Just after this event the looting started, and everybody living in our district became frightened and begged of us to let them sleep inside the fence, under the protection of the American flag. Of course we turned none away, and we were able to give the women and children a blanket and pillow and tuck them around some place. In the morning the sounds around the kitchen reminded one of Child's. We fed the multitude all right, but, believe me, we served no frills.

Were we afraid? Well, no, not exactly; but when the Ambassador sent us a guard of great big, fine-looking, well-armed American men, Bob, I must confess I had a feeling of weeping on each big shoulder in turn.

I am sending you a few photographs taken by an ex-patient, and I will explain by number. You remember reading about Madero's rurales being ordered to charge against the Ciudadela and Diaz ordering the rapid-firing guns to be turned on them, which resulted in seventy deaths. It was, of course, an almost impossible feat, riding against that open fire. Fig. 32 shows the brave rurales riding toward the Ciudadela and death. The building covering the length of the block, facing this way, which you can see from over the tops of the houses, is the Ciudadela, the place that Diaz first took, and from where he did most of his bombarding. Later he took the Y. M. C. A. building and Fig. 3 shows one of the rapid firing guns, being placed for action. Fig. 5 shows part of a room and corridor after the firing. The rooms of the middle story are the offices of the American Consul General. You can see where the American flag has been shot off, but the most damage was done to the upper story.

The war may be over, but not the work, so I must close and make up some lost sleep.

With much love,

SISTER.

Pleasure comes through toil and not by self indulgence and indolence. When one gets to love work, his life is a happy one.

RUSKIN.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

II. SYMPTOMATOLOGY

2. SYMPTOMS OF INDIVIDUAL DISEASES

(Concluded)

(D) *Diseases of the Myocardium*

1. *Hypertrophy*—Increase of the cardiac muscular tissue, producing a thickening of the heart walls and enabling the heart to contract with greater force in order to overcome increased resistance or empty over-filled chambers, is a compensatory physiological process rather than a disease; and while the integrity of the muscular tissue is maintained by proper nutrition it may produce no symptoms whatever, beyond additional forcibleness of the heart beat. The character of the pulse depends upon the lesion which has caused the hypertrophy as described above, under the head of valvular affections. When hypertrophy has continued long enough to produce pathological changes in the heart walls, the patient may complain of a sense of fullness, constriction, or discomfort in the cardiac region, brought on by exertion or excitement; of consciousness of the heart's action; throbbing sensations in the head and neck; palpitation; vertigo; noises in the ears and visual disorders; epistaxis and sleeplessness. The first sign that the compensatory power of the heart muscle is beginning to fail is an increasing tendency to breathlessness on slight exertion.

2. *Dilatation* of one or more of the heart cavities, from failure of the muscular power of the heart, may occur suddenly in an acute form, or gradually as a result of disturbance of hypertrophic compensation for valvular disorders. Acute heart failure is evidenced by sudden oppression of breathing, acute pain or sense of weight and distress in the cardiac region, pallor, coldness, faintness, a

very rapid and feeble pulse, and collapse. Death has been known to occur in cases of this sort with such rapidity that no symptoms of any kind were complained of; and many patients have died in their sleep from a sudden stopping of the heart. The signs of acute heart failure will be further dealt with in connection with symptoms of heart involvement in the infectious diseases. In the gradual dilatation of the heart that is brought about by disturbance of compensatory hypertrophy, the patient complains of increasing dyspnea on slight provocation, palpitation and discomfort in the cardiac region, while the venous congestion which begins first in the pulmonary circulation and gradually involves the systemic circulation also, as described under the head of valvular lesions, by degrees produces signs of disordered function in all the organs of the body, and finally a leakage of the fluid portion of the blood into all the serous cavities and loosely woven tissues, resulting in general dropsy. The patient's appearance shows strong evidence of the imperfect oxygenation of the blood, the face becoming of a dusky cyanotic hue, and the hands and feet blue and cold. The expression is apt to be one of distress and anxiety, and the attitude to show the patient's constant difficulty of breathing. The urine is dark in color and diminished in quantity. The pulse is usually irregular and increased in frequency, the wave being small, short and weak.

3. *Parenchymatous degeneration of the myocardium*, which is the conversion of the normal heart muscle substance into a granular albuminoid matter, and which is supposed to be the result of toxic influences, as it is met with in the infectious fevers, is not necessarily a permanent condition, and sel-

dom produces any well-defined symptoms. Feebleness of heart action is its principal manifestation. This condition will be mentioned again in connection with heart complications in the infectious fevers.

4. *Fatty degeneration of the myocardium*, or the fatty heart, where the normal tissue of the heart muscle is replaced by fat, seldom produces any distinctive symptoms. Where it complicates some other disorder, it may entirely escape observation, the signs of its presence being masked by those of the primary disease. When the condition progresses far enough to seriously weaken the contractile power of the heart, dilatation supervenes, and the symptoms then present are not distinguishable from those of dilatation from other causes. Cardiac asthma, angina pectoris and Cheyne-Stokes respiration are observed in this affection, but venous congestion and serious dropsy are seldom seen.

5. *Fatty infiltration of the myocardium*, or the fat heart, characterized by increase of the normal sub-pericardial fat, which may finally make its way between the muscular fibers of the heart wall, produces no symptoms by which it can be recognized unless it progresses so far as to interfere with the nutrition of the heart, when the signs are the same as in fatty degeneration. Its presence may, however, be suspected in obese persons who present cardiac pain or uneasiness, great shortness of breath on slight exertion and attacks of faintness.

6. *Fibroid degeneration of the myocardium*, cardiosclerosis, or the senile heart, where fibrous tissue replaces to a greater or less extent the normal muscular tissue of the heart, may progress to such a degree as to produce sudden death from the blocking of an artery without any knowledge on the part of the patient that anything is wrong with his heart. In most cases the symptoms are the same as those of cardiac embarrassment from other causes, such as dyspnea, palpitation, pain or distress in the car-

diac region, and in the final stages the usual signs of heart failure. Cheyne-Stokes respiration, heart block, cardiac asthma, and attacks of true angina pectoris are especially characteristic manifestations of this condition. Considerable variation in the symptoms present has been noted, this being due to the differing parts or functions of the heart which are affected by the sclerotic process.

(E) *Angina Pectoris*

The distinctive feature of a seizure of true angina pectoris is violent precordial pain, usually occurring during or after exertion or excitement, but occasionally when the patient is at rest. It has been described as tearing, crushing, or stabbing in character, and beginning at the middle of the sternum usually radiates backward, upward to the left side of the neck and the left shoulder, and down the inner side of the left arm to the elbow. It has been known, however, to extend to both sides of the chest and both arms, and even to the abdomen and pelvis. As a rule, the pain is accompanied by a sensation of constriction of the chest, as if it were being gripped in a vise; also by dyspnea and a feeling of immediately impending death. The patient's aspect is one of agony; the face is of a grayish pallor, there is a cold perspiration, the breathing is quick and shallow, the pulse usually rapid, weak and irregular, though sometimes unchanged, and the victim stands motionless, afraid to move and scarcely daring to breathe.

The attack may last only for a moment or two, or continue for ten or fifteen minutes; occasionally a seizure has been known to last for hours. The first attack may end in syncope, and even in death, and, though a patient may survive many seizures, there is usually a fatal attack sooner or later. Occasionally seizures are seen which present all of the usual symptoms, with the exception of the pain; this form of the affection is known as *angina sine dolore*. After an attack the patient is left greatly exhausted. There

may be an abundant flow of pale colored urine, or eructations of air from the stomach.

Pseudo angina pectoris, which is common among persons of nervous temperament, and in which there is no discoverable heart lesion, may be brought on by emotion or excitement, walking against a strong wind, or indigestion. The pain, though it may be severe, has not the agonizing quality of true angina, and is not usually accompanied by the impression of quickly impending dissolution.

3. *Symptoms of Heart Involvement in the Infectious Fevers*

In any condition characterized by fever, there is more or less modification of the heart's action—usually an increase in rate of about eight or ten beats per minute to a rise of one degree of temperature. In addition to this, however, modern research has established the fact that the heart itself may be attacked by the micro-organisms causing such affections as rheumatic fever, pneumonia, diphtheria, influenza, and the septic infections, or poisoned by the toxins produced by them. Disease of the pericardium, endocardium or myocardium may occur in most of the infectious diseases, and, though only one structure may be affected, much more frequently the disease process extends to more than one.

1. *Rheumatic fever* is said to be responsible for more than one-half of the cases of heart disease that come under treatment. The pericardium may be invaded, perhaps causing chronic adhesions; there may be a simple endocarditis, from which the patient recovers with more or less permanent damage to the valves, or a malignant endocarditis with a fatal issue; the myocardium is usually involved, suffering a parenchymatous or fatty degeneration, while dilatation is liable to occur, sometimes in an extreme form. In some cases there are no positive signs of heart involvement, although later events may indicate that such has occurred; in other instances no subjective symptoms

may be noted, but the physician's examination may discover heart murmurs or indications of enlargement. Where there is serious dilatation, however, the pulse will probably be greatly increased in frequency, weak and, perhaps, irregular, while the breathing is rapid and oppressed. The patient may complain of considerable precordial distress, and in many cases is unable to lie down comfortably. He is restless, and may become delirious. If syncopal attacks occur, the outlook is grave, especially in patients who are no longer young, death frequently taking place under such conditions.

2. In *pneumonia*, the danger to the heart is two-fold. The organ must do its work at a very great disadvantage, owing to the obstruction which the consolidated lung offers to the circulation; and, moreover, it is liable to be of itself invaded by the disease process. Failure of the right ventricle, upon which is thrown the heaviest work in forcing the blood through the lungs, is one danger to be apprehended; another is the occurrence of malignant endocarditis, as a result of invasion of the heart by the pneumococcus. pericarditis is also a common complication. When the pulse grows weak, rapid and irregular, with the peculiar quick subsidence of the arterial wave which is looked upon under such circumstances as of serious import, there is likely to be trouble ahead, and it may come with overwhelming suddenness. A pulse of over 140 to the minute is said to be a particularly bad sign.

3. In *diphtheria*, parenchymatous or fatty degeneration is of frequent occurrence, acute dilatation may result from the pronounced toxic effect of the diphtheria poison upon the heart muscle, and there is also to be dreaded the peculiar cardiac paralysis which is characteristic of the disease, and which is not yet thoroughly understood by the pathologists. Signs of heart weakness may appear as early as the close of the first week of the disease, or not until the fifth or sixth; indeed, instances have been known with unpleasant frequency

where a child supposed to be entirely convalescent from the disease died without warning on making some slight exertion. A constant watch should be kept for signs of heart involvement, even in cases that are considered light. A weak, rapid and unsteady pulse, affected by any slight effort on the patient's part, is a danger signal. The face may be pale or cyanotic, and the patient may exhibit apathy and listlessness or restlessness and anxiety. There is seldom much precordial pain, though there may be oppression. The sudden cardiac paralysis, which has been largely termed a paralysis of the vagus, or pneumogastric nerve, is most likely to appear in cases of diphtheria which have not received antitoxic treatment, or have been treated late. A slow pulse, epigastric pain and vomiting may herald its approach, the patient soon going into a condition of profound collapse. Death sometimes occurs with no preliminary symptoms, in cases where no danger is apprehended, and the patient is allowed to exert himself too soon.

4. *Scarlatina*—Endocarditis is a more frequent complication than pericarditis or myocardial disease, and may assume the malignant form, with the usual signs of septic infection.

5. In *typhoid fever* parenchymatous changes in the myocardium frequently occur, and malignant endocarditis is a complication that should be kept in mind. In view of the pyrexia and prostration already present, increased pulse rate can scarcely be depended on to point out heart implication; the emptiness and compressibility of the artery are more reliable signs of cardiac enfeeblement.

6. *Influenza*, which can produce untoward effects in so many organs of the body, seems to have an especially bad influence upon the heart. Malignant endocarditis has been known to follow this disorder,

and parenchymatous degeneration of the myocardium is of common occurrence. There may be no signs of heart weakness until the attack has apparently passed off, when a weak pulse, shortness of breath and, perhaps, a vague sense of discomfort in the precordial region give warning that something is wrong. The heart should be watched as closely in influenza as in rheumatic fever or pneumonia; many patients who have been thought well on the road to recovery have experienced a sudden dilatation and died without warning. Furthermore, many of the drugs given in cases of influenza are heart depressants, and their action should be carefully observed.

7. In *cerebrospinal meningitis* cardiac weakness may be pronounced in the later stages, the appearance of a weak and rapid pulse, pallor and faintness, calling for vigorous measures to ward off collapse.

8. *Whooping cough*, while not followed by the heart affections common in the infections characterized by more pronounced febrile conditions, brings with it danger of another kind to the circulatory mechanism. The heart may be overstrained in coughing, resulting in injury to a valve which may cause a permanent valvular lesion. For this reason, as well as others, the paroxysms should be controlled as far as possible, and a careful examination of the heart should be made when the disease has run its course.

9. *Septic Infections*—In puerperal and other septicemias, pyemia, abscesses, and all affections produced by the pyogenic microorganisms, there is always danger of an invasion of the endocardium and a resulting malignant endocarditis. The symptoms of sepsis, being already present, are liable to mask the signs of the new affection; but an intensification of the symptoms should always lead to an examination of the heart for endocardial murmurs.

What to Avoid in Planning a Hospital

CHARLOTTE A. AIKENS

LIVING, as we do, in an age when hospital facilities are increasing by leaps and bounds, and numerous small communities are looking toward starting a hospital to meet the needs of their own population of 5,000, more or less, it is well for head nurses and superintendents to know some of the numerous points to be avoided, as well as points to be included in planning a new hospital. Quite often the work begins in a house built for a dwelling house. There it does its pioneer work and demonstrates its usefulness. There the main planning for the new building is done, and the nurse superintendent has the opportunity to greatly influence the general result.

A book might be written on the mistakes that have been made and are being made in recently built hospitals—that is, hospitals built in the last ten or twelve years. Perhaps the commonest of all complaints are the two—the *hospital is noisy*, and the hospital is not arranged conveniently to get the nursing done without a great waste of time and human energy. Yet both of these items are very apt to be left out of the consideration by the local board and local architect, who has never planned a hospital nor given the matter any special study, but is sure he can produce a fine set of plans. A hospital in which human energy is freely wasted by not having the building arranged conveniently for work, is always an expensive hospital to run.

Let it be understood at the outset that the architect is not always to blame for blunders in hospital construction, though the architect who has made hospital planning a matter of years of constant study and research will usually be able to prevent a lot of other people spoiling the general result.

Those who have lived through the planning for a new building or addition can “a

tale unfold” regarding the incessant changing which has gone on from the time the plans were agreed on, changing continued even after the plaster was on and the painter had begun his work. This change is made because Dr. A cannot be happy without it. That one was made to suit Dr. B, who discovered that Dr. A had succeeded in getting his own way. And the other one was made because Mrs. C, a woman of influence on the board, was simply “possessed” to have it done. Dr. D comes in and ridicules the change that Dr. A insisted on, and the superintendent sighs, because she feels the nurses’ part in the hospital is being left out of consideration in all this changing to suit the ideas of more or less “interested” doctors and other individuals.

But the architect must shoulder the blame for locating the lavatories, toilet rooms and utility rooms for holding soiled clothes, garbage cans, etc., on the sunny side of the building, looking across a pretty lawn to the quiet street, and a row of small private rooms on the other side of the corridor, with no outlook but into the court, between the wings of the building, which was done in a new hospital recently.

An amount of space for the surgical department entirely out of proportion to the proper development of a well-balanced hospital is another mistake very frequently made. In one hospital of 300 beds, recently built, there are twelve operating rooms, besides accident and emergency rooms in a different part of the building. Counting two nurses necessary for each operation, leaving the head nurse out of the question just now, how many nurses would be needed if a doctor wished to operate in each of the twelve rooms at 9 A.M. or 2 P.M.? How many white-tiled floors would have to be scoured daily for the twelve operating rooms

and accessory sterilizing and other rooms?

In another rather new hospital of 125 beds there was a general operating room, a second room close by, a sterilizing room between them, an accident and emergency room, an instrument room, an anesthetic room, a doctors' dressing room and lavatory, a nurses' dressing room and lavatory, a nurses' preparation room, a room for surgical supplies, an obstetrical operating room, while there was not provided anywhere even a little 10 x 12 room which the superintendent could use as a sitting room, and the bedroom provided for her had no bath, looked out on a court between two wings, and was opposite the elevator.

In the same building, the accident room in the basement had four good-sized closets opening off it, but not a room large enough to receive a cot, on which an injured man might be placed before removal to the wards. There was not anywhere connected with the surgical department a broom closet nor a place provided for storing buckets or the cleaning supplies which are daily needed, neither were there any such conveniences adjacent to wards. The flush closets for emptying bed pans were in one room, but no running water to finish cleaning the pan. You had to empty it in one room and take it to an adjacent room, opening off the corridor, to get water to wash it. How can any architect who has not lived in a hospital or *studied the needs of hospitals in regard to getting the daily work done*, be expected to keep all these points in mind or even to know them; yet the neglect to do so adds immensely to the burden with which the daily work is carried on.

In one fine new building recently erected there were four operating rooms, with accessory rooms, a private room and lavatory for the chief of surgical staff, a duplicate of this suite for lesser surgical luminaries, a consulting room, a sitting room for friends of patients, even a room marked "Private,"

which we were told was arranged for "the splitting of the fee," but not a nurses' dressing room, or toilet room or nurses' preparation room on that entire floor. We were told these were in the basement, reached only by a flight of stairs—no elevator connection.

It was stated that seven nurses were needed for the surgical work, yet after the doctors got through arranging for the rooms *they* wanted, there was not one corner on that surgical floor that showed that any special thought had been given to the nurses' part of the work.

In many, it might be truthfully said, *most* hospitals, the ward diet kitchens are miserably small and inadequate, with no provision for setting more than a half dozen trays at a time. In fact, tray setting has very evidently not been in the architect's plans at all. If the little wooden trays with legs are stacked one over another the work can go on, but these little trays are not large enough on which to serve a meal in a neat, attractive manner, for private patients. The provision for scraping soiled dishes and washing them often interferes sadly with the rest which weary patients seek and need. In fact, the noise from rattling bedpans, garbage cans, elevators, dish washing, shutting of doors, pounding of ice, added to the noise from the more or less constant and necessary conversation that goes on at the nurses' table, all effectually combine to make real rest an impossibility. In one hospital in which the writer was an invited guest, arrangement was made for her to occupy a room at a hotel, the reason given being that *the hospital was so noisy*. The study of how to reduce the noise due to necessary work to a minimum, so that the hospital may, in deed and truth, be a place of rest for pain-racked bodies, needs to be studied all along the way in planning a hospital of any size, yet how few general architects are able to appreciate the need of this, or how it is to be secured.

In three hospitals visited by the writer—

hospitals of about fifty beds—there was but one set of toilet conveniences on the main floor, while there were patients at each end of the main corridor. The result was that all the bed pans, urinals, etc., from the wards and rooms at one end of the corridor had to be carried *past the front door*—the main entrance to the hospital—to get to the toilet rooms near the other end. That blunder was surely one which the local architects who planned the building in all three cases were responsible for.

Too many entrances to a hospital is a common blunder, and often leads to serious difficulties. In one hospital which the writer has in mind there were four entrances by which the public might enter, to say nothing about the two entrances from the court and another at the extreme back end of the building. What was the result of this blunder? It was impossible to keep some one in charge of all four entrances. In summer the doors were left open and the public used all four entrances.

No provision for nurses to write up their charts, records, orders, etc., and for the absolutely necessary conversation and instruction about orders is a common blunder in hospitals large and small. The result is this work is done in corridors a great deal of the time and the patients are constantly disturbed by the chatter of nurses, doctors and internes around the chart table. In this respect the conveniently arranged "nurses' offices," to serve the needs in different parts of the newer building, are "a joy forever" to nurses and nurse superintendents. Here is placed the medicine cupboard, with running water close by, and the various facilities for getting work done easily and quietly. Investigate this improvement if you are planning a new building.

In one fine-looking hospital, costing around \$250,000, there were ample closets off private rooms for patients, but not a closet at all off the nurses' bedrooms. The private rooms were all much larger than

experience has shown to be necessary. The rooms were handsome, but the price of them was prohibitive to any but wealthy patients. Thirty dollars a week is above what the average patient can pay. The demand was constant for private or semi-private accommodation for from \$2 to \$2.50 a day. Inside the first two months after the opening of that large new building, a decidedly embarrassing condition was reached, and it became evident that either partitions would have to be torn out and three rooms made of each two, or a new wing with small private rooms would have to be planned at once.

On the other hand, too much space is often given to large wards, for which the patients pay \$1 to \$1.50 a day, when there is a strong demand for semi-private accommodation in small wards of two, three or at most four beds, or small private rooms, which pay the hospital better and are much more satisfactory to the patient.

It is neither a joke nor a fairy tale, but a twentieth century fact, that frequently no place is provided in a hospital for the boiling of rectal tubes, douche cans and nozzles and such things, but in the ward diet kitchen, where meals are served and liquid refreshments prepared. The local architect didn't know there were such things as rectal tubes and didn't know they had to be boiled, so how could he provide for this necessary bit of work. So you often have a nurse cooking a cup of cocoa or heating broth on one end of a two-plate gas stove, and a nurse cooking catheters and rectal tubes on the other end—all because the ladies of the board and the local architect did not know the needs, and there either was no superintendent or she did not care, or she was not consulted.

In one hospital the building committee and the local architect fitted out the little ward diet kitchen with expensive steam tables, and provided not one solitary facility in the shape of a gas stove or connection, where a nurse could make a cup of tea or

heat a glass of milk. When the mistake was pointed out, the ladies said they supposed all that sort of work would be done in the main diet kitchen on the sixth floor and sent down on the elevator. After they were asked if they proposed to keep somebody on duty all night in the top-floor diet kitchen, or what they expected the night nurse to do when the elevator was not running and a few more such questions, the plaster was torn off and gas pipes were conducted from somewhere into the diet kitchen, but it cost money and time to have the blunder corrected.

If you went to a hospital, weary, worn, sad, pain-racked and exhausted, yet believing a rest and some other treatments would prolong your life and make you better fitted to go on, would you like to have a room assigned you next to or across from or near by an open elevator shaft, on which scrap and garbage cans, ice, soiled clothes, human beings and other noise-making things were being constantly loaded and unloaded? Would you? Then don't have that kind of a blunder built into your hospital.

Fresh air and water are about the cheapest forms of remedial agents which a hospital can supply, yet it is easy to find in every direction hospitals recently built in which there is not a balcony wide enough to accommodate a patient's bed, nor a door wide enough to push a bed through with a patient on it. There is often not one bath tub in a hospital which will allow a patient to lie down in it, without the legs being cramped, nor any means of making the quick changes from hot to cold water and back again that produce such powerful therapeutic effects in certain cases. You can visit hospital after hospital without finding one bath room well equipped for

giving scientific water treatments. The superintendent and nurses improvise and do the best they can, but why not try to set aside one room (it need not be large or expensive), or add it on, where water treatments, hot air baths, electric light baths, etc., can be given scientifically, and thus offer to your patients the benefits of these *natural* methods of treatment, instead of running to extremes in trying to provide facilities for surgery, as many hospitals do.

"Oh, yes, we give water treatments here. We give spinal douches frequently. We give them with a chunk of ice and a hot-water bag alternately," they told me in one hospital. In another beautifully built hospital (on the exterior), with abundance of white marble and tile, they gave hot air treatments by putting the patient on a cane-seated chair, with an alcohol lamp under the seat, and wrapping him in blankets—which is precisely what your grandmother and mine could offer in their little cottage homes fifty years ago. "Oh, yes," they said, they "got the patients to the sweating stage all right," which grandmother did also, though she didn't pretend to run a modern hospital.

This list of blunders might have continued indefinitely. It is safe to say that most or all of them could have been avoided had the board been convinced that expert advice in hospital building is an economy, and that the local architect who is a close friend of the president of the board may know little or nothing of the technical details of hospital building, and the workers through all the future of that building will suffer because of this lack of knowledge. A capable woman superintendent who has the quality of keenness well developed and an experienced man superintendent as advisers, are invaluable aids in developing a satisfactory building.

Editorially Speaking

By Storm, Flood and Flame*

Since our last issue a terrible disaster of storm and flood has visited our country, bringing in its wake loss of life, desolation and suffering, the extent of which cannot be definitely estimated at this time. As the sections of the country visited by the calamity were those in which THE TRAINED NURSE AND HOSPITAL REVIEW had thousands of devoted friends, great anxiety was felt for their welfare, and immediate steps were taken to get into personal communication with each. In response to our inquiries we have received many letters, and while these tell of great suffering and loss of property, up to the present time we have heard of but one death of a nurse, a student nurse of the Methodist Hospital, Omaha, who died from injuries received when the nurses' home of that institution was demolished.

From all directions we hear of the heroic work done by doctors and nurses. A letter from Marion, Ohio, says: "The country districts are very bad, and no one is able to tell what the outcome has been. Just two miles from our institution the water has inundated farm after farm, and all of the people have lost practically all that they possess, houses, cattle, sheep and horses having gone down. Those who are some distance away have little idea of the destruction that has been wrought. I am pleased to be able to state that Ohio is rising wonderfully to the emergency, and we hope before long to be able to say that the State is in good shape again. One thing, above all else, that pleases us, is the way in which the medical profession and nurses have met the difficulty. The great-

est of credit must be given to all in this terrible calamity."

One of our subscribers writes us from Springfield, Ohio: "When an appeal came from Dayton last Wednesday morning, I was one of the nurses who went from here as a volunteer nurse, together with twenty-nine doctors. Some of the doctors returned the next day, but about ten stayed there till the last of the week. The two trained nurses who went with me, and myself, were the first to their aid, and had headquarters at the National Cash Register; there we worked from Wednesday until Sunday afternoon, with scarcely any rest, as it meant night and day work. On Friday morning Red Cross nurses from Cincinnati arrived, and by Sunday morning, when General Blue arrived, they were fully organized to take charge of the situation, thus relieving us." From Columbus a superintendent writes: "I am happy to say that my own people, all of our doctors, nurses, our hospital and myself are safe. However, we have been terribly distressed by the misfortune which has befallen the people of the west side. One of our graduates, a district nurse, was marooned for nearly three days, without light, heat and very little food, on the second floor of her home, to which she had returned to warn her people of the danger. We have had a number of refugees here in the hospital, and we are doing all we can for the poor unfortunates."

From Terre Haute, Ind., comes the following: "I am glad to speak in behalf of our city, which arose so nobly to the occasion in caring for the homeless from the tornado of Easter night, and the floods that followed during the week, bringing in almost incredi-

*Other flood news will be found in Letter-Box and Nursing World departments.

ably close succession the worst disasters the city has known. With 16 dead, 200 injured and 1,500 homeless men, women and children to be cared for from the storm, and another 2,500 made homeless by the floods that resulted from the Wabash, reaching a stage of 31 feet and 3 inches. St. Anthony's and Union Hospitals, and their staffs, and every doctor and nurse in town who could be reached, contributed intelligently and efficiently to the work that has been necessary in caring for the sufferers. The districts affected were peopled mostly by the self-respecting labor class to whom it is almost as much of a horror to accept charity as it was to go through the terrors of storm and flood."

And so we could go on, would space permit, almost indefinitely, quoting from the letters received. Many believe that the sickness resulting from the disaster will be a big problem to cope with, and all hospitals in the flood sections are preparing to meet the emergency. Smallpox, measles and pneumonia already have many victims. Letters are still coming in daily, and if any of our subscribers have nurse friends in the stricken districts for whom they feel anxiety, if they will write us, we may be able to give them news of same. We feel that every reader of *THE TRAINED NURSE AND HOSPITAL REVIEW* will unite with us in extending our deepest sympathy to all those who have suffered in any way.



The Signs of the Times

If there is one lesson which the events of life for the past ten years have taught more clearly than another to those interested in the care of the sick, it is that the human demands of the public and physicians for a helper of reasonable intelligence in the sick room are going to be met—somehow, somewhere—and this in spite of whether hospital graduate nurses want these helpers in the field or not. They are here and coming in

ever-increasing numbers, and they are here to stay. They are in the field at the invitation of physicians, and employed by them, and the attempt to drive them from the field or to try to prevent physicians from calling them "nurse," resembles closely the efforts of the individual who tried to sweep back the Atlantic with a broom. They are here because human need is here, and must be met in some way.

To those who are willing to "discern the signs of the times" the enormous increase in newer lines of work for nurses is but another indication that more and more nursing in private homes is going to be done by the less expensive and less skilled nurses, and the other lines of work are going to be taken up by the hospital graduates, such as institutional work, visiting nursing, welfare work, social service, teaching public health work, etc. Those who can afford it will always have the highly skilled private nurses, but every investigation into conditions but strengthens the conviction that two or three grades of nurses are a necessity.

A few years ago Dr. Washburn, Miss Riddle and Dr. Young were appointed by the president of the American Hospital Association as a committee to look into and report on this problem. After an exhaustive study shared by a large number of workers who are closely in touch with human problems, especially as regards the care of the sick in the home, they frankly admitted the need and pointed the way to meet it by means of organization. Their report but confirmed what others knew and had previously stated, and the events of the last three years have in no way changed the situation.

It is generally admitted that wherever possible it is highly desirable to have the partially trained nurses under the supervision of some responsible representative organization, with a graduate nurse employed as supervisor and instructor, and this is the work that needs to be done and must be done to so organize the nursing of a city

or a county, that there will be a central headquarters for household nurses, just as there is a headquarters for visiting nurses and for graduate nurses. Nothing seems more likely than that this movement to organize the nursing forces of a city or county, and to meet every legitimate human need in a human way, is going to expand. *In no other way can graduate nurses ever secure and maintain the position in the field which they desire.* It cannot be done by legislation, and it cannot be done by ignoring the medical profession, nor by trying to force physicians to accept the terms laid down by a few prominent nurses, who may be experts along educational lines, but who are very clearly not in touch with nursing problems in middle class homes, and who are too far removed from hospital life to appreciate the problems which confront institutional workers at the present time. Physicians may know much less about nursing technique than many graduate nurses, but they are in such close daily contact with the pressing human problems that they can speak with an expert knowledge that few if any of the so-called nursing leaders know anything about.

In spite of all that has been said about trades unionism and commercialism among nurses, we have still faith enough in the graduate nurses of America to believe that they are at heart as much interested in having the sick—all the sick—well cared for as is the rest of the public. They emerge, however, from the training school to find themselves confronted by rules regarding fixed fees, and various other rules made by alumnae and other associations, and they naturally follow the path of least resistance, and accept what they feel powerless to change.

What is needed in every city is an organization controlled in much the same way as a hospital or a visiting nurse association, with a graduate nurse in charge of detail office work, and a corps of helpers of all grades who can be sent on call to homes of limited

means. In acute cases or any seriously ill case, a graduate nurse should be sent. When the illness is slight and the home, needs as much or more care than the sick, then a different class of worker should be sent, and her work supervised by a graduate as might be necessary. There is no other way in which the graduate nurse's interests can be safeguarded, and the general welfare of the sick in homes promoted.

There are many indications that organizations to do this work are going to multiply as rapidly as has visiting nursing. Nurses who have the humanitarian spirit, and who have resourcefulness and organizing ability are already in demand for this work. We would be glad to hear from graduate nurses who would be interested in helping forward such organizations.

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The Best Advertisement

Some commodities are advertised by "their loving friends," others by their enemies. THE TRAINED NURSE AND HOSPITAL REVIEW is advertised by both friends and enemies, for no magazine could maintain the independent, fearless position that it has maintained for a quarter of a century, without making some enemies, even though it has thousands of loving friends who have received from it practical help.

But the best of all advertisements are the characteristics of THE TRAINED NURSE AND HOSPITAL REVIEW found in the quality of its reading matter. In this we believe it has no rival in the nursing world. It has ever catered to the nurse who was doing *real nursing* and has devoted little space to advertising *persons*. The nurses who want to be in the limelight, and those with political ambitions, are really but a very small part of the great army of nurses—real nurses—who are quietly and devotedly standing by their tasks, and administering to the needs of humanity. For this latter class our pages are planned month by

month. While ever maintaining high ideals, we have endeavored to avoid running to extremes, and have never overlooked the everyday difficulties with which physicians, hospitals and nurses have to contend, and the varying circumstances which have to be met and reckoned with in striving toward the ideal.

In all conditions of life, we are obliged to stop short of the ideal, and accept the best which can be had under the circumstances. We shall never reach such a state in nursing affairs, when conditions are all that we could desire. We shall make progress, but any one who expects or dreams that the time will come when highly skilled hospital graduates will be doing all the nursing in America, is doomed to disappointment. Such a condition is neither necessary nor desirable, so why advocate it. Why advocate the proposition to bar out of hospital schools all young women who have not had a high school education, when it is an indisputable fact that less than 7 per cent. of those who enter the public schools finish the course and enter high school. It is equally indisputable that it is an utter impossibility for hospitals to maintain an adequate nursing force, and at the same time restrict the admission to the training school to high school graduates or pupils. Why waste time and space in advocating a thing that is not possible or likely to become possible in our generation. THE TRAINED NURSE AND HOSPITAL REVIEW has advocated the principle that a high moral character was vastly more important in the sick room than a high school diploma. We have advocated the policy of giving the superintendent of the training school the opportunity to make the best possible selection from a wide range of applicants for admission to the training school, rather than restricting her in her

selection and thereby forcing her to accept inferior candidates, and our policy has been endorsed by leading hospital superintendents and physicians, as well as by thousands and thousands of nurses who are in close touch with nursing conditions and human needs.



Dr. Algernon T. Bristow

In the death of Dr. Algernon T. Bristow, which occurred at his home in Brooklyn, N. Y., March 26, the medical profession loses one of its most distinguished members, and trained nurses a most loyal and devoted friend. Dr. Bristow's death was the result of blood poisoning.

He was senior surgeon in the Long Island College Hospital. While operating on a woman he punctured the tip of one of his fingers. This was on March 12, and two days afterward he found he had become infected. Dr. H. Beckman Delatour, Dr. J. M. Van Cott and Dr. H. B. Brinsmade were in constant attendance, and thought for a time the infection had been checked.

Dr. Bristow was sixty-two years old. He was graduated from Yale in 1873 and in 1876 from the College of Physicians and Surgeons. He was an ex-president of the New York State Medical Society, an ex-editor of the *New York Medical Journal*, a vice-president of the New York Academy of Medicine, clinical professor of surgery at the Long Island College Hospital, visiting surgeon at the Long Island College, Kings County and St. Johns Hospitals and consulting physician at the Long Island State, Swedish, Coney Island and Brooklyn Hospitals.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans, in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Raising Money for Small Hospitals

Running a hospital on a deficit has always been and always will be a rather difficult problem. Likewise, operating a small hospital with a burden of debt. Because of the burden of debt, hundreds of smaller hospitals are limited in their usefulness to the community, and failing to measure up to either the needs or the opportunity. Not that they are not doing a large amount of useful, highly valuable work—not that. But that they are not able to make improvements that are needed, to add new appliances which would mean a better service to a wider circle of patients, to branch out in various ways, to make the progress which modern science has made possible.

The smaller hospitals—hospitals of less than a hundred beds, outnumber the larger hospitals many times. They will always be in the vast majority, and their number is bound to increase. The time will come when most communities of 5,000 population, or even less, will have their own local hospitals. Such hospitals should aim to do more than care for the sick. They should become centers for preventive work along educational lines, exponents of the gospel of health. All such hospitals should have an isolation cottage—not large, but well equipped for promptly and efficiently caring for patients suffering from the highly contagious diseases.

They should have facilities for giving outdoor treatment, such as many of the large hospitals now offer—this not for tuberculosis patients only, but for all patients who would be benefited by the fresh air. The number of such patients is found to be much larger than was at first supposed, and includes many fever patients, pneumonia patients, surgical and nervous patients, etc. Why should the smaller hospital, with its abundance of fresh air and sunshine, not plan to offer such treatment, as well as the larger hospital in the great crowded cities? Two reasons will at once be mentioned. The doctors in the smaller community have not asked for such facilities, and the lack of money. The debt, though it may amount to but a few thousands of dollars, seems to impede

progress at every point. The doctors do not ask, perhaps, because they know the institution is in debt, and the patients who need such treatment do not get it, or if they do are obliged to go long distances from home to secure the benefits to be derived from fresh air, water and proper diet, properly managed and administered.

Because the conditions mentioned are so widely prevalent in the United States and Canada, the problem of raising money for smaller hospitals is one of great importance. Those who are keenly interested in the successful development of the smaller hospitals and the helping of them to higher standards of efficiency have watched for some years the plan of the short-term or whirlwind campaign for raising considerable sums of money quickly, which has helped so many smaller hospitals to free themselves from debt and secure additional equipment, extensions and improvement which means better service to the local communities. In almost every place where the plan has been tried it has succeeded in reaching the figures set and usually exceeds the mark by several thousands of dollars. Superintendents of hospitals who are keenly desirous of bringing their hospitals up to the highest grade of efficiency and find themselves hampered by debt and lack of funds for needed equipment, should urge the short-term campaign for funds on their board of trustees. The plan is admirably adapted to smaller communities—much more so than larger communities. It has long since passed the experimental stage. As a rule, unless there is some one in the community who has a genius for organization and knows how to plan a comprehensive financial campaign and carry it through, it is better to secure an expert in this line of work to direct the campaign. There are several of these experts now in the field, making a specialty of raising money for hospitals. The editor of this department will be glad to put any superintendent in touch with some of these experts in hospital finance, who will supply sample literature and all needed information regarding plans and methods of managing the campaign.

The Importance of Small Things

If you could without any very great effort or expenditure of time, money or energy, help an organization which is doing a great work, would you be willing to do it? Would you feel justified in refusing or neglecting to do it? Hardly. Among the philanthropies of the world, none represents such an investment of money as do the hospitals. Millions on millions every year are poured out by citizens and municipalities for new hospital buildings or additions to existing hospitals. The American Hospital Association exists to help every hospital use the money entrusted to them, so as to secure the greatest possible benefits for the work and the workers. There are few American hospitals which have not been helped by the plans and suggestions and papers and the general work of the Association.

You, if you are a hospital executive, can help more than you dream by just a very slight effort—the securing of some superintendent or assistant superintendent or hospital trustee as a new member for the Association. Personal invitation, *your* personal invitation and offer of endorsement (if you are a member) will accomplish what scores of circular letters cannot accomplish. There is little doubt that every member of the Association could render this small service, which in the aggregate would be far from small—if they just made up their minds to keep at it till they had secured *one new member* each year. For six years the writer has done this. Other members have adopted the same rule, *one new member a year*. It is a good slogan. Let us try to get people to adopt it. Write Dr. J. N. E. Brown, the secretary of the Association, at 705 Ford Building, Detroit, and ask for two membership blanks. Try to have faith enough in your own persuasive powers to undertake to get *two* members whom you will endorse and thus introduce to the Association. We can all do it if we will.



Problems of Smaller Hospitals

At the last convention of the American Hospital Association, there was considerable talk in the corridors and “on the side,” to the effect that the problems of small hospitals had not received the place on the convention program which they deserved, considering that smaller hospitals of seventy-five beds and under, outnumber the larger hospitals many times. It is one thing to talk about “the problems of the smaller hospitals”; it is another and a very different, though much more practical thing to *mention a few of the problems which should be discussed*. Little prog-

ress will be made by discussing the problems of smaller hospitals in *general* or *abstract* terms. What will count is a list of subjects sent to the secretary or president of the association which you yourself would like to have given a place on the program. For years a question box session and a round-table conference have given opportunity for brief practical discussion on a great variety of problems relating (in the round-table conference), especially to problems of smaller hospitals. Yet it would surprise most of the members to know *how few of the superintendents of small hospitals ever think of sending either a question for the question-box session or a topic for discussion in the round-table conference*.

There are few superintendents who have not at least one special problem in their minds. Instead of waiting for some one else to select problems for discussion, why not send a note to the secretary, Dr. J. N. E. Brown, 705 Ford Building, Detroit, or the president, Dr. F. A. Washburn, Massachusetts General Hospital, Boston, mentioning *your* problem and asking for it to be discussed.



Hospitals for Nervous Patients

The average general hospital does not want nervous patients, and in many cases frankly says so, when urged to take them, even when there is plenty of room. It is, as a rule, not equipped nor constructed to do justice to such cases, yet in most communities there is no other institution to receive them. A strong plea was made recently in the *New York Medical Journal* for the establishment of a special hospital in New York City for the care of those afflicted with nervous diseases. Among other things, the writer states that: “The special features required by a hospital for nervous diseases, which no general hospital can fully provide, are the rooms and appliances for thermotherapy, electrotherapy, heliotherapy, hydrotherapy and psychotherapy; a Zander institute for mechanical exercise; a gymnasium for Fraenkel and other exercises and for re-education of movement, and rooms for occupation therapy (arts and crafts shop). That there should be a department for social service and facilities for the teaching of medical students and nurses goes without saying. The country department should provide the same facilities for treatment, and might have, in addition, numerous kinds of indoor and outdoor work and exercise, provided by individual gardens, squash courts, tennis.”

It is also stated that the needs of New York are no greater in this respect than the needs of all the great cities of the world.

Who Should Write Clinical Histories

In the *Journal of the American Medical Association* Dr. J. B. Murphy calls attention to the fact that the clinical history in many cases is more important in enabling the physician to arrive at a diagnosis than the physical examination or laboratory findings, and yet the newest interne and least-experienced man on the residence staff writes the history. The most incompetent man is given the most important thing to do. To him is assigned the dressing in septic cases and the writing of histories. There is a greater percentage of failures in diagnosis from badly written histories than from anything else; therefore, the histories should be written by the senior member of the house staff. The man who is to become junior or senior assistant in the departments of medicine or surgery should remain four or five years, as this length of training is necessary to round out his apprenticeship and to prepare him for his subsequent teaching and surgical responsibilities.



Out-Patient Work

In the same journal Dr. Richard Cabot makes a plea for the performance of better work in the out-patient departments of hospitals. In certain respects, he says, the dispensary fills a more important rôle than the rest of the hospital. The dispensary hits the problem of disease at three most vital points where the wards cannot: *First*—It roots out the foci of disease in families or neighborhoods, follows home the clues presented in the person of the dispensary patient, and so prevents disease. *Second*—It checks disease in its incipency. *Third*—It deals with chronic cases and keeps the patients from relapsing into a discouraged and vegetative existence. Yet, in spite of these three distinguishing marks of superiority, and in spite of the fact that almost all hospitals treat five times as many persons in their dispensaries as in their wards, one still permits the tradition of superficial, slovenly work in dispensaries to go on. The great dispensary abuse—not the abuse of the dispensaries by the patient but the abuse of the patient by the dispensary—is still in evidence. We tolerate snap diagnoses, treatments that will not bear scrutiny and records that are a farce. We are content that hospitals should spend at least twenty times as much for the care of a ward patient as they do for the care of a dispensary patient. Some clinics are efficient, especially those in which the treatment can be administered and finished at once. It is the medical, neurological, pediatric and skin clinics

that are relatively slipshod. Hurry, crowding and a scarcity of assistants prevent creditable work in many instances. There should be in each clinic a fixed ratio of space, staff and outfit to the number of patients received, as there is in a ward. There is no sense in allowing dispensary work to be a hurried and desperate struggle against time and numbers. It is possible to do as accurate scientific work in diagnosis and treatment at a dispensary as at a private office. This means honest, conscientious, efficient, well-organized, well-supervised work, with the interest of the patient rather than that of the physician or the student always paramount.



A Time-Saving Device

One of the interesting devices shown at the convention of the American Hospital Association was set a of "Individual Treatment Cards and a Card Holder." The device consists of a heavy cardboard frame (of material such as is used in book binding) about 10 by 22 inches. Each board has twelve pockets about two inches deep affixed into which the order cards for patients are slipped—instead of re-writing them every day in an order book. The Order Card Holder stands on the nurse's record table or may be hung on the wall above the table. The device was designed by Dr. W. J. Dobbie of the Toronto Free Hospital for Consumptives at Weston, Ont. Of it the writer says: "The individual treatment cards and card holders were introduced to simplify the work of the head nurse of a ward in writing up her daily orders. All orders for medicines or treatment, it may be mentioned, are given in writing by the physician in a special order book provided in each ward for the purpose. From this order book the head nurse copies all orders which are to be carried out more than once onto the individual treatment cards. There is one card for each patient in the ward and these are conveniently arranged on the card holder. The advantages of this method are:

1. The whole treatment being received by any particular patient can be seen at a glance at any time by looking at his card.
2. As standing orders have only to be written once by the head nurse, a great deal of labor is saved daily. New orders may be added to any card at any time.
3. When a patient is transferred from one ward to another, his card is sent with him and a new nurse or another physician can see at once what treatment he has been receiving.
4. When nurses are transferred from one ward

to another, or when it becomes necessary for another nurse to give treatment or administer medicine, no special instructions are necessary, as each card is an entity in itself.

It is unnecessary to add that the cards can be altered to suit special circumstances obtaining in different hospitals, and the holders can be made of any size that may be desired to suit the needs of any particular ward.



An "Automobile Day"

We have had "tag days" and "flag days" and special days and ways for raising money for hospital purposes, but the newest way which has come to our notice is an "automobile day," which was arranged for in Jackson, Mich., to raise money for the erection of a sanitarium for tuberculosis patients. Citizens who owned automobiles donated their machines for the day and the public was invited to patronize the autos and pay such fees as they were disposed to for the privilege.



Notes and News

The new Santa Fe Hospital at Mulvane, Kan., has been completed, at a cost of \$100,000.

By the addition of \$100,000 to the endowment fund of the General Memorial Hospital, to be used for the maintenance of twenty beds for cancer patients, a well-known scientist has recently provided the staff of the Collis P. Huntington Fund for Cancer Research with greatly increased facilities for the study and treatment of cancer in the human being.

The General Memorial Hospital for the treatment of cancer and allied diseases was originally chartered for the study and treatment of cancer, but at the time of its foundation cancer had little interest to anyone but the surgeon. Today the wide field of research opened up by the experimental study of cancer is too costly to be undertaken by any hospital without an unusually liberal endowment, and it may be said that no hospital in New York possesses today an adequate endowment for this purpose. The General Memorial Hospital has enjoyed the support of the Huntington Fund for Cancer Research founded by Mrs. C. P. Huntington since 1902.

Dr. John L. Freeland has tendered his resignation as superintendent of the City Hospital, Indianapolis. Dr. John W. Sluss succeeds him.

The new John A. Andrew Hospital, in connection with the Tuskagee Institute (Ala.) has been completed. The building is the gift of Mrs. Elizabeth Mason, of Readville, Mass., and is a memorial to the war governor of Massachusetts. The greater part of the work of construction, from the excavating to the making and laying of the brick and the interior work of plumbing, steam-fitting, electrical work, etc., has been done by the students of the Institute.

The Shenandoah Hospital at Roanoke, Va., has been completed and opened for patients. It is owned and operated by a joint stock company of doctors.

Miss Helen Wiperman has been appointed superintendent of the Mt. Sinai Hospital, Milwaukee, Wis.

The new German Hospital (Chicago) has been completed at a cost of \$350,000. Mr. W. H. Rehm is president of the Association and Miss Nina Dale, superintendent.

A site has been donated and considerable money is already in hand for the erection of a general hospital in Walkerville, Ont., across the river from Detroit. Mayor Revell is receiving subscriptions.

The R. M. Prather Hospital has been opened for patients at Beeville, Texas. Dr. R. M. Prather is the owner.

The Syracuse Hospital for Women receives a bequest of \$10,000, according to the will of Miss Maud D. Smith.

Miss Mary N. Baird has resigned as superintendent of the Lewistown (Pa.) Hospital.

Mrs. James A. Crane has offered to build for the Noble Hospital at Westfield, Mass., a training school building and an administration building—the gift to be a memorial to her late husband.

Eastern Maine General Hospital receives \$5,000 under the will of the late Edward Stetson.

The managers of Montreal General Hospital at the ninety-first annual meeting, held recently, added to the by-laws of the hospital a regulation making compulsory the retirement of the attending physicians upon reaching the age of sixty-two years.

Book Reviews

Surgical Nursing and Hospital Technic. By Conrade A. Howell, M.D., With fifty-five half-tone engravings throughout the text, and six plates illustrating the ideal operating room, and its accessory rooms. 323 pages. Price \$5.00.

This work comprises a series of lectures delivered to the nurses of Grant, Protestant and State hospitals of Columbus, Ohio. Dr. Howell is not one of those who believes in the over-education of the nurse. In fact, he goes a step farther than most surgeons and doctors in his ideas of higher education, and would give nurses more knowledge of surgery than is usually deemed necessary or advisable. In these lectures he departs from the usual nursing instructions and gives nurses the elementary principles of surgery, believing that by this knowledge the nurse can, in an intelligent manner, carry out the orders of her surgeon, and be more competent to protect her patient from the many disastrous results which follow in the wake of what he designates as "automatic nursing." For the same reasons he has given the usual treatment for complication following operative procedures and emergency cases. Again Dr. Howell evidently is not one of those physicians who question the right of nurses to give anesthetics, for we find a lecture on "General Anesthesia and Anesthetics," which might be open to the criticism that the subject is treated too technically, but the author suggests that this is only a beginning for those nurses who desire to become "expert anesthetists," and a help to the better understanding of the more extensive works on this subject.

Believing that the nurse cannot be given too much information, the author presents his subject with great elaboration. While in most works on surgical nursing the operating room and all relating to it is first presented to the reader, the first lecture of Dr. Howell's series is devoted to some brief historical sketches of nurses and nursing. In the second lecture such subjects as bacteria, infection, natural and artificial resistance, blood counting, vaccines, opsonic index and kindred subjects are discussed at considerable length. Lecture III is devoted to antiseptics, disinfectants, germicides, deodorants and sterilization. In Lecture IV, which is devoted to

aseptic and antiseptic surgery, the author cites a number of cases of carelessness on the part of nurses, which have come under his notice, which should prove valuable object lessons of what *not* to do. In the lectures which follow everything relating to surgical nursing is taken up, and discussed with a minuteness of detail which is probably not to be found in any other work of the kind yet published. There will be many physicians who will consider the work too technical, and as going beyond the ordinary province of the nurse. That will depend on the viewpoint. To the nurse who wishes to make a specialty of surgical nursing, the book offers a fund of valuable information. No expense has been spared in the preparation of the book, and the nurse is fortunate who can make this addition to her library.



A Reference Handbook for Nurses. By Amanda K. Beck, graduate of the Illinois Training School for Nurses. Third edition, revised and enlarged. 32mo, of 229 pages. Flexible leather. \$1.25 net.

The changes in this edition consist of the addition of a number of new formulas and simplified methods which recent experimentation has proven to be valuable, the elimination of some tables whose use has been largely superseded, and the insertion of considerable new material, such as suggestions for various kinds of baths, and the best way of giving them, and lists of articles used in various surgical operations.



Safeguarding the Special Senses. General Advice Regarding the Use and Preservation of the Eyes, Ears, Nose and Throat, by Henry O. Reik, M.D. 123 pages, illustrated. Price, 75 cents.

The modern standard of physical and mental efficiency can only be maintained by the conservation of those important organs of the special senses so clearly and fully discussed in this practical little volume. As the author forcibly remarks in his Preface: "It is probably safe to say that 50 per cent. of the practice of specialists is

(Continued in Publisher's Desk)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

In Storm and Flood

To the Editor of The Trained Nurse:

Your readers may be interested in a curious incident which came to my notice during the flood.

Seven people were in a threatened building. A cable car in which linemen work was secured and 100 feet of rope procured. Then no lineman would go across to the building, because they thought the poles were too weakened by the flood. A brave employee of the Pennsylvania Railroad freight office, though totally inexperienced, volunteered to go across in the cold, driving rain. He saved one young lady, after being in the air two hours. He was so numb with the cold that an unknown hobo volunteered to go, and sent four more across in the car (three trips, two at once the others singly); these were women, two of the seven were men, who crept across unaided. At each pole the women had to dismount and cling to the pole, while the car was lifted around the arm holding the cable. Ten minutes later the whole row of buildings collapsed, and only one pole left standing! The crowd quickly raised a purse of nearly \$70 to give to the brave men, but it was found that the courageous hobo had disappeared, taking with him the purse of one of the women, containing a gold watch, two diamonds and quite a sum of money. The ruling passion! But the lady was only too thankful for her life.

OHIO.



To the Editor of The Trained Nurse:

I left my home in Greenfield, Indiana, on the 16th of March and came to Central Ohio to visit friends in Columbus, Newark and Delaware, at which last-mentioned place I happened to be on March 24, the night on which the flood reached that city. If you will bear with me, I will try to relate some facts concerning conditions here. On the morning of the 24th a nurse came to my room (I had spent the night with the nurses of the hospital from which I had graduated) and shouted to me to get up quickly, as the city was being flooded. I arose to find foaming, muddy water

rushing madly down the streets only a block from the nurses' home. I quickly dressed, hurried to the hospital, to find the nurses endeavoring to relieve exhausted men, women and children of wet and muddy clothing. The day force of noble girls worked untiringly all day, relieving pain and soothing broken hearts, many having seen their homes and family lost; and with everything gone the sudden delirium was more than many were able to resist. Tuesday, the 25th, wore away and many having had food and warmth were strong enough to be removed to the homes of friends.

The city is singing praises to all who worked faithfully in the rescue work, and the nurses have not been forgotten. The relief committee is rendering splendid service. At their command I spent five days with a pneumonia case in a very queer-looking place, which proved to be what was once a saloon in the very poor district, but at this time is inhabited by an elderly couple, the man a shoe cobbler. I had never before been forced to dine from a commissary, but was glad to do my duty and not complain of accommodations.

DELAWARE, OHIO.



To the Editor of The Trained Nurse:

Many families of our little city have been made homeless from the recent flood. We certainly have applied ourselves to the very best of our ability, and I have not lost a single day caring for some one. I instructed my landlady to permit my room to be used, if necessary, and I certainly was made happy when I learned of an elderly lady who was an invalid, and who was rescued from her home at 2.30 A.M. and was taken to my room and put in my very own bed. I could not care for her, as my duties has been assigned me elsewhere. I shall always cherish the thought of this little incident.

MUNCIE, IND.



To the Editor of The Trained Nurse:

My rooming house was just in line of the tornado and was blown to pieces. I happened to be in, so of course was in the ruins. My right



A STREET IN OMAHA, NEBRASKA, AFTER THE STORM

foot is badly sprained, some bruises and pretty bad shock. All my personal belongings are badly damaged or lost, but I feel very thankful, for my relatives all live East, and are all safe, and none of my intimate friends were injured or suffered much loss. It was a terrible thing, but we all feel better off than those in Ohio and Indiana, who are suffering from the floods. I shall probably be laid up some weeks, but am very thankful it is not worse.

Omaha.

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To the Editor of The Trained Nurse:

I was not at my home in Logan, Ohio, at the time the flood came, but was on a case in Middletown, Ohio, and the flood was terrible here, as well as in other sections.

Our position was for a time most alarming. The waters were six feet high in the house we were in, and we were marooned in the upper story for two days and nights, without fuel or provisions. Men in boats who would have come to our relief could not get to us, on account of the swift currents. As the waters receded the firemen took us out on their ladders to the highlands. I did all I could for my patient and his family, but wish I could have done more to help the many sufferers who were so helpless. MIDDLETOWN.

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State Versus General Hospitals

To the Editor of The Trained Nurse:

Here is a matter for tolerance, a matter on which for the good of our profession, we must not

be dogmatic. Perhaps there are no two State hospitals whose systems are exactly the same, and, probably, no two general hospitals whose systems are alike.

Your correspondent, "A Graduate of General and State Hospitals," makes certain statements which are not compatible with the system of the State hospital of which I am senior pupil. At this institution a nurse is never called upon to undertake any task which has not been thoroughly demonstrated to her beforehand. Her training commences immediately upon entering the hospital. In each and every task she undertakes, there is some one both able and willing to instruct her on points which are not clear to her. At the same time, she is presumed to be conscientious and it is rarely if she is not so.

A nurse recognizes that her usefulness increases with her efficiency and that efficiency is a direct result of conscientiousness. She does not take up a course of training for a pastime, but because of her desire to learn and be useful in her profession; therefore, wiser authorities are there for her to consult, and it is not deemed necessary to overshadow her every mood. We are more careful because of confidence placed in us. During the course, we are given *Materia Medica* and thoroughly understand the nature and dosage of common drugs, by practice as well as theory.

As for the statement that the State Hospital graduate spends only an hour daily for two weeks in the dispensary, I beg to differ, as our nurses are put into the dispensary for 115 hours for a single year, and get a correct idea of *Materia*

Medica. When we use a drug such as elixir of iron, quinine and strychnine, we do not call it Green Tonic, but give it its correct name.

It is well recognized that practice is as essential as theory, and for that reason, in this hospital, it includes six months in a general hospital. It is well worth mentioning that 90 per cent. of our nurses are returned with excellent reports.

Referring to the general hospitals, and which your correspondent thinks are so far ahead of the State hospitals, I have in mind my own experience in a general hospital in the State of Massachusetts. Without any previous knowledge whatever (which fact was known to the authorities), on my second day in the hospital, I was put on three typhoid cases and had to find out a great many things for myself, as the head nurse was too busy to attend to me and show me what to do. Perhaps this is good for the nurse, but what of the patients?

The first week after probation period was ended, which was two months, I was sent on a private case without any directions whatever and without any knowledge of the nature of the disease, simply having to follow the physician's orders, which to a probationer are not always explicit.

These facts seem contrary to your correspondent's experience, and provokes the question, "can we particularize?" Personally, I think not.

SENIOR PUPIL.



Personal Observations

To the Editor of The Trained Nurse:

In the last four years I have been in a position to observe nurses and their work, and what I have seen has led me to wonder whether there is something radically wrong with our system of training, or whether it has only been my lot to have seen so many tactless nurses.

Every one knows that the position of nurse requires an unusual amount of tact and common sense. We must always be at our best. Our thoughts must be of our patients, not ourselves, even though we may sometimes think that we feel worse than the patient does. Whatever the demands of a sick person in our care may be, it is our duty to deal gently and tactfully with these demands, no matter if they be unreasonable, so that the patient shall suffer the least degree of annoyance, physically as well as mentally.

An invalid may possibly have some personal notions that are contrary to those held by the nurse. Why should that nurse either argue about them, ridicule them, especially if they are absolutely harmless? Antagonizing a sick person unnecessarily is certainly one of the things that a tactful nurse who holds the welfare of her patient first, would never think of doing.

As superintendent of a small hospital, where the services of outside nurses are frequently required, I have seen them do all these things and more.

As, for instance, a nurse who came in with a private case, and upon hearing the moans of another patient (a boy who had been shot through the abdomen two days before) rushed in to tell his mother that he was dying and that it was, no doubt, better so, "for no one knows how much sorrow and pain in after life he will be spared," and then hurried to tell the nurse in charge to "come quick, your patient is dying"—only to come back as soon as the nurse had occasion to leave the room again, and tell the poor mother that she had seen his chart in the medicine room and the boy was not as sick as she had thought, etc.

Had the mother in this case not been a sensible woman, with every confidence in the surgeon and hospital management, you can imagine the state of excitement we would have had to contend with.

Let it be understood that I speak of graduate nurses. But perhaps you will say that these are exceptional cases; then I have only to answer that too large a percentage of the nurses' fate has sent my way have been exceptionally thoughtless. Have these nurses not been properly trained or is the fault in the raw material? I am inclined to believe the latter.

A nurse should be essentially a gentlewoman. No amount of high school or college training can make a gentlewoman of one who is selfish and thoughtless, and only such a one could be guilty of the sad lapses described.

The remedy, I fear, will be hard to find, until all superintendents are endowed with the God-given power to read human nature unerringly. Then the coarse, selfish natures can be detected and weeded out of our training schools.

For while education is undoubtedly most essential, nevertheless a good nurse must have, first, the innate qualities of a gentlewoman in the best sense of the word.

A NURSE.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Massachusetts

The graduation exercises of the Training School for Nurses connected with the Massachusetts Homeopathic Hospital were held in the auditorium at the Evans Memorial Building, Boston, on Wednesday evening, March 26. Twenty young women received diplomas, having completed the three years' course.

Addresses were made by Mr. Edward H. Mason, president of the board of trustees, and by the Rev. S. H. Roblin. Mrs. Thomas Bailey Aldrich, of the board of trustees, presented each graduate with the hospital pin, and music was furnished by a quartette. A reception and refreshments in the dining rooms of the hospital followed, attended by the parents and friends of the graduates.



Connecticut

The regular monthly meeting of the C. T. S., New Haven, was held April 3 in the Nurse's Home, the president, Miss Barron in the chair. The regular business was transacted, and the nominating committee was appointed to select officers for the coming year. Adjourned.

Miss Mildred Hatch, '05, formerly assistant superintendent of nurses, Post-Graduate Hospital, New York, has been appointed superintendent of nurses, Hospital of the Good Shepherd, Syracuse, New York.

Word has been received from Miss Julia Coonan, '05, that she expects to return to New Haven in August, from San Francisco, where she is now located on Mare Island.

Miss Emma L. Stowe, on June 15, after eleven years as superintendent of the Connecticut Training School for Nurses, retires, taking with her the grateful appreciation of the board of administration and their sincere personal esteem. She will spend the summer and autumn months at Eagle Camp, South Hero, Vt.



New York

Prominent physicians and many friends attended the reception tendered to the Class of

1913 of the training school of the Methodist Episcopal Hospital, Sixth Street and Seventh Avenue, Brooklyn, March 28, which was held in the chapel of the institution, under the auspices of the training school committee, assisted by the intermediate class. The room was prettily decorated with potted plants for the occasion.

An interesting musicale was the feature of the evening. Dr. A. E. Kavanaugh, superintendent of the hospital, presided, and made two short addresses. The speaker was given much applause when he told the gathering that plans were under way for a splendid home for the nurses. The program consisted of a song and prophecy by the intermediate class, baritone solo by A. E. Lewry, reading by Mrs. Stocker, cornet solo by Stafford Ackerly, solo, "Daddy," by Miss Ruth Ackerly, and a class song. Refreshments were enjoyed.

The graduating nurses follow: Nota W. Collihan, Gertrude Moffat, Winnifred Weese, Anna Amelia Bennett, Ruby Louise Martin, Martha C. O. Wells, Corine E. Sibley, Sarah MacArthur, Florence Dixon, Ruth A. Long, Mary Halkett, Laura Edith Brown, Violet P. Spry, Julia A. Smith, Lena Poeppel, Florence L. Lord, Josephine E. Jeffry, Janet C. Reeves, Edna E. Shields, Mary A. Larson, Mary C. Ault, Alice McEwen, Pauline L. Edwards, M. Katheryn Stevens, Laura O. McGrath, Lydia M. Soderstrom, Mildred Boyle, Lucia Christopher, Florence Stone, Margaret R. Simpson. Post-graduate class, Nellie M. McArthur, Anna I. Flemming, Ethel M. Bradley, Clara B. Kelsall, Arminella Shelp.

The organization of the Registry of Graduate Nurses in Syracuse is a step on the part of the graduate nurses of that city to raise the profession to a higher plane, and to promote good fellowship. The Registry has a membership of thirty and this will be increased as the organization takes on age. There is a movement on foot to become identified with the Graduate Nurse Association of Onondaga County, and this affiliation will mean a larger membership. Many of the leading physicians of the city have approved of the Registry and a little later some of its members

will present the objects of the organization to the Academy of Medicine, in view of securing the endorsement of that body. It is the general belief that this registry will promote the best interests of the profession, both financially and socially. Miss Lillian E. Winchell, of No. 1103 Carbon Street, is the registrar.

Through the courtesy of the First Company Signal Corps, N. G., N. Y., the Alumnae Association of the New York City Training School for Nurses was enabled to hold its annual euchre and dance in the Armory at 34th Street and Park Avenue, New York City, Wednesday evening, March 26. Many handsome prizes were awarded and a collation was served by the Signal Corps chef.

Shamrocks—not from Ireland—but shamrocks just the same, carried good luck and the Saint's blessing into all the wards of Vassar Hospital, Poughkeepsie, early Monday morning, March 17.

A hundred small pots of the lively little green leaves were sent to the hospital by I. T. Harcourt, of Wappingers Falls. Mr. Harcourt raised them himself and they were thoroughly enjoyed by the patients. Everybody has enough Irish in them on St. Patrick's Day to enjoy shamrocks.

Notwithstanding the great opposition to it, the Seely Nurses' Bill was reported out of committee. The claim has been made that the bill was "sneaked" out when several members of the committee were absent. The opposition to the bill is still very strong, and at this writing its fate is not known.

The board of education of Albany, March 27, appointed four nurses to aid Dr. Clinton P. McCord, medical inspector for the public schools.

Committees of the chamber of commerce, Rochester, are discussing the advisability of urging the establishment of an evening school of hygienic housekeeping for the instruction of women in the prevention of disease, first-aid work and dietetics.

It is proposed that two teachers, a doctor and a nurse, both of whom have been teachers or received pedagogical training, be engaged, the doctor to teach physiology, hygiene and the prevention of disease, and the nurse give instruction in nursing, dietetics and first aid.

News has been received at Syracuse of the death of Mrs. Harold Howard at Portland, Ore., March, 1913. Before her marriage Mrs. Howard

was Miss Myrta Van Dusen. She was a graduate of the Syracuse Hospital for Women and Children, and for several years president of the Nurses' Alumnae Association. She is survived by her husband and two children. At a meeting of the Alumnae Association the following resolutions were adopted:

WHEREAS, God in His infinite wisdom has taken from us our beloved sister, therefore be it

RESOLVED, That the Alumnae Association of Syracuse Hospital for Women and Children feel a sense of personal loss and bereavement in the removal of one of our former active members, Myrta Van Dusen Howard.

Be it further

RESOLVED, That these, the Resolutions, be entered on minutes of Association and that copies be sent the bereaved family and THE TRAINED NURSE AND HOSPITAL REVIEW for publication.

(Signed) KATE CONCANNON,
JULIA ABIGAIL SMITH,
HARRIET M. KNOWLAND.



Pennsylvania

The twentieth annual meeting of the Philadelphia Hospital Nurses' Alumnae Association was held in the Nurses' Home, Easter Monday, March 24, at 3 P.M., seventy-eight members present. Miss Van Thuyne presided.

The memorial service for Miss Alice Fisher was held at 2.30 in the chapel.

The president, in her address of welcome, reviewed principally work accomplished since the organization of the association, and spoke of the good that can be done by the members as a body.

Miss Mary Lewis, treasurer of the Alice Fisher Memorial Home Fund, reported on hand a total of \$2,904.85, some pledges still unredeemed, and said donations would be received and books might be seen at any time.

A letter from Miss Nellie M. Rennyson was read, accepting her election as an honorary member of the Alumnae Association.

Miss Ida Arnold, assistant chief nurse, Philadelphia General Hospital, gave a most interesting talk on "Social Service in Bellevue, New York," and voiced her hope that something on the same lines might very soon be begun here. Election of officers for the ensuing year followed.

President, Miss M. L. Van Thuyne, re-elected; first vice-president, Miss Mary Lyman; second vice-president, Miss Alethea Taylor; secretary, Mrs. Emilie M. Schneider; treasurer, Mrs. L. M. Warmuth, re-elected; directors, Miss Martha Lafferty and Miss Elizabeth C. Lewis.

While the ballots were being counted a luncheon was served.

Meeting adjourned to meet Monday, April 7.

The regular monthly meeting was held April 7 in the Nurses' Home, at 3 P.M. Seventeen members present. Miss Van Thuyne presided.

The treasurer reported a total of \$93 made at the euchre and dance, held in February. The following nurses were elected to membership: Miss Marie L. Leidhecker, Miss Juliene Schlegel, Miss May Meredith, Miss Elizabeth Mengies, Miss Margaret H. Haggerty, Miss Elizabeth Miller, Miss Anne K. Sutton, Miss Belle Jamison and Mrs. Katharine A. Taylor, reinstated.

An announcement was made by Miss Lucy Annin that Miss Laura Cochran, who for some years has managed the club house, had retired; several other members had left to fill positions, and there being no one at the house to take charge, the case was referred to the Alumnae Association. A committee was appointed to visit the house, get an inventory of contents and see whether it can be made self-supporting. It is hoped the younger nurses will co-operate with the committee and the remaining resident members, so that this house, established eighteen years ago, and offering many advantages to our members may be continued and turned into a success.

On the finding of the committee will depend the attitude to be adopted by the Alumnae Association.

Motion carried to adjourn until Monday, May 5, 1913. Tea was served.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-in Charity Hospital, was held at the hospital on Thursday afternoon, April 3, at three o'clock. The president, Miss Miriam Wright, presided. Miss Forney, a graduate of this school, gave the nurses a very interesting talk. At the May meeting Miss Steinmetz expects to address the nurses. Twenty-one nurses were present. Having a speaker for each meeting seems to increase the attendance at our meetings.

The annual commencement of the Nurses' School of the Philadelphia Lying-in Charity Hospital will be held at the New Century Drawing Rooms, on Tuesday evening, May 6, 1913, at eight o'clock. Nine young women expect to be in the class.

Miss Marie E. Stevenson has resigned her position with the Barber Hospital and Sanatorium, Charleston, W. Va., to accept a position at the Bushhill Sanatorium. Mr. Alfred Guldbeck

has been placed in charge of the Hydro-Therapy Department of the Kankakee State Hospital, Kankakee, Ill. Miss K. M. Holmes has been requested to teach the nurses in training at the Galt Hospital, Lethbridge, Alta. She enters upon her duties at once. Miss Susan G. Burkholder has accepted a position with the Nesbitt-Evans-Nesbitt Sanatorium, Sycamore, Ill. The above-mentioned nurses are all graduates of the Pennsylvania Orthopedic Institute of Philadelphia, Pa.

To meet the increasing demand for post-graduate courses for nurses who are desirous of equipping themselves for public health work, for teaching and supervision of tuberculosis patients in hospital, sanatorium and the home, the Henry Phipps Institute of Philadelphia has organized a School for Graduate Nurses, to open September 1, 1913.

The course of eight months is divided into terms of four months each in the hospital and the social service department. In the hospital there will be instruction in the practical details of management of hospital and dispensary, in invalid occupations, such as basketry, etc. In the social service department there will be lectures, class and field work in the following subjects: Hospital Social Service, Nursing of the Tuberculous in the Home, Medical Inspection of Public Schools and Factories, Housing Problems, Bacteriology, Practical Dietetics, Industrial Hygiene and Public Health Problems. In both departments the mornings will be occupied in practical work, leaving the afternoons free for lectures, etc.

The members of the Nurses' Alumnae Association of Columbia Hospital, of Pittsburgh, met and adopted the following resolutions:

WHEREAS, It has pleased our Heavenly Father in his infinite wisdom to remove from our midst Martha Almira Morland, of the Class of 1909,

RESOLVED, That we desire to express our sincere sorrow for her death and extend to her family our heartfelt sympathy in this their bereavement.

L. KRAUSE EDGAR,
MRS. R. H. BANKS,
S. M. AULD.

The graduate nurses of Columbia Hospital held their regular monthly business meeting in the assembly room of the Nurses' Home on January 28. There was an unusually large number in attendance. The subject of endowing a room for sick nurses was discussed. Miss Luella McCalpin, a graduate of the first class of Colum

bia Hospital ('09) was present, and gave an interesting talk on her work at the Government Hospital, at Colon, Panama. Miss McCaLpin sailed February 20 for another year's work on the Isthmus.



New Jersey

The eleventh annual convention of the New Jersey State Nurses' Association was held in the Free Public Library, Newark, April 2.

Encouraging reports along all lines were heard from various committees.

An address by Miss Ella Phillips Crandall, R.N., secretary of the National Organization for Public Health Nursing, was a feature of the morning session.

The following officers were elected for the ensuing year: President, Miss Arabella R. Creech, of Elizabeth; vice-president, Miss Mary E. Mason, of the Newark City Hospital; secretary, Mrs. d'Arcy Stephen, of the Orange Memorial Hospital; treasurer, Miss Mary E. Rockhill, of the Cooper Hospital, Camden, and trustee, Mrs. Mary E. O'Neill.

In the Senate Chamber at Trenton, March 27, trained nurses of the State appealed to the Senate to kill the bill of Assemblyman Nutting, of Essex, that would permit the registration of nurses without examination after a certain period of residence in the State.



Virginia

The annual meeting of the Virginia State Association of Graduate Nurses was held in Madison Hall, at the University, Charlottesville, April 2, 3 and 4. The meeting convened at 9 A.M., April 2, with the president, Miss Agnes D. Randolph, presiding. One of the features of the meeting was the report of the State Board of Examiners of Nurses, calling attention to the low standards prevailing in the training schools. The remedy suggested was the employment of a sufficiently salaried officer to give at least six months of the year to her work and to see that the present law is enforced.

The committee in charge was authorized to complete plans for the construction at Catawba of a cottage to be used as a home for sick nurses. The building will cost \$3,500, and it is to be completed by next fall.

The association voted to raise an endowment fund and named Miss Randolph as central State chairman. Miss Florence Black, of Richmond, was named as chairman of the Red Cross work.

Dr. John Stage Davis, professor of practice of medicine, and Dr. E. M. Magruder, instructor of physical diagnosis, made brief addresses on the general history of nursing.

One of the principal talks was made by Miss Ella Crandall, secretary of the National Organization for Public Health Nursing.

Demonstrations of medical work were given in the University Hospital to the nurses, and while there they visited Monticello, Jefferson's historic home.

Officers for the ensuing year were elected as follows: President, Miss Celia Bryan, of Danville; first vice-president, Miss Florence Black, of Richmond; second vice-president, Miss M. J. Hurdley, University of Virginia; third vice-president, Miss Florence Leslie, of Portsmouth; secretary, Miss Agnes D. Randolph, of Richmond; treasurer, Miss Elizabeth Webb, of Richmond.

Miss Ruth Robertson, of Richmond, was named as chairman of the committee on arrangements for next year's meeting, which will be held at Richmond.



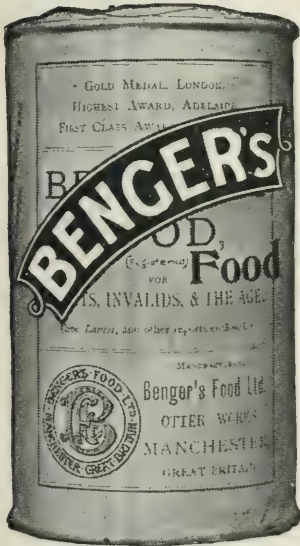
Navy Nurse Corps

APPOINTMENTS—Inez L. Donaldson, R.N., Medico-Chirurgical Hospital, Philadelphia, Pa.; Florence Churchill Egeler, R.N., Westboro Insane Hospital, Westboro, Mass., post-graduate course, Worcester Isolation Hospital, Worcester, Mass.; Hermine Graupner, R.N., Philadelphia General Hospital, Philadelphia, Pa.; Mina King, R.N., Buffalo Homeopathic Hospital, Buffalo, N. Y.; Carrie Luppert, R.N., State Hospital, Scranton, Pa.; Mary Moffett, R.N., Philadelphia General Hospital, Philadelphia, Pa.; Susan E. Roller, R.N., Memorial Hospital, Richmond, Va.; Elsie Brooke, R.N., Children's Hospital, Boston, Mass.; Harriet S. Crawford, R.N., Medico-Chirurgical Hospital, Philadelphia, Pa.; Anna W. Parsons, R.N., Jefferson Hospital, Philadelphia, Pa.; Emma L. Spatcher, R.N., Worcester State Asylum, Worcester, Mass., post-graduate course Burbank Hospital, Fitchburg, Mass.; Alice E. Wheeler, R.N., Maryland General Hospital, Baltimore, Md.; Mary J. Carr, R.N., Samaritan Hospital, Philadelphia, Pa., post-graduate course Garretson Hospital, Philadelphia, Pa.; Mary Leeder, R.N., Rhodes Avenue Hospital, Chicago, Ill., post-graduate course Illinois Training School and Cook County Hospital, Chicago, Ill.; Mary G. Johnson, R.N., Borgess Hospital, Kalamazoo, Mich., post-graduate course St. Bernard's Hospital, Chicago, Ill.; Vera Wright, R.N., University Hospital, Baltimore, Md.; Edith Lightle, R.N., Grant Hospital, Columbus, Ohio, post-graduate course Corey Hill Hospital, Brookline, Mass.; Ada Emily Davis, R.N., St. Vincent's Hospital, Norfolk, Va.

TRANSFERS—Elizabeth Bertalette, from Washington, D. C., to Norfolk, Va.; Nellie K. Campbell, from Philadelphia, Pa., to Newport, R. I.;

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All subsequent classes, increased rate and increased time. Apply early; limited number of vacancies.

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Philena Cheetham, from Washington, D. C., to Newport, R. I.; Louise Cooke, from Washington, D. C., to Annapolis, Md.; Inez L. Donaldson, from Washington, D. C., to Philadelphia, Pa.; Eleanor Gallagher, from Washington, D. C., to Newport, R. I.; Hermine Graupner, from Washington, D. C., to Norfolk, Va.; Anna R. Longsdorf, from Annapolis, Md., to Newport, R. I.; Esther LeC. James, Mare Island, Cal., to Canacao, P. I.; Mary J. McCloud, from Philadelphia, Pa., to New York, N. Y.; Antoinett Montferrand, from Annapolis, Md., to Mare Island, Cal., and from Mare Island to Canacao, P. I.; Anna G. Naughton, from Washington, D. C., to Newport, R. I.; Charlotte M. Page, from New York, N. Y., to Newport, R. I.; Susan E. Roller, from Washington, D. C., to Philadelphia, Pa.; Victoria White (Chief Nurse), from Washington, D. C., to Newport, R. I.; Mary C. Wiggins, from New York, N. Y., to Newport, R. I.; Sadye Wiloughby, from Washington, D. C., to Newport, R. I.; Mary H. Wood, from Washington, D. C., to Chelsea, Mass.; Corinne W. Anderson, from Washington, D. C., to Mare Island, Cal.; Mary A. Balser, from New York, N. Y., to Mare Island, Cal.; Elsie Brooke, from Washington, D. C., to Newport, R. I.; Mina King, from Washington, D. C., to New York, N. Y.; Carrie Luppert, from Washington, D. C., to New York, N. Y.; (Mrs.) Florence T. Milburn, (Chief Nurse) from Washington, D. C., to Newport, R. I.; Herma LaR. Moyer, from New York, N. Y., to Newport, R. I.; Mary Moffett, from Washington, D. C., to Norfolk, Va.; Alice Wheeler, from Washington, D. C., to Norfolk, Va.; Martha T. Bergman, from Norfolk, Va., to New York, N. Y.; (Mrs.) Harriet Crawford, from Washington, D. C., to Philadelphia, Pa.; Mary H. Du Bose (Chief Nurse), from Washington, D. C., to U. S. S. Mayflower (for special duty); Mary M. Hickman, from Washington, D. C., to U. S. S. Dolphin (for special duty).

PROMOTION—Katrina Hertzner, to grade of Chief Nurse.

RESIGNATIONS—Blanche M. Alexander, Jessie McConaha, Minnie D. Stith, Anne D. Cockerille, Mary A. Rostance, Anna F. McCoy, Margaret Smylie, Bertha M. Shortt.

HONORABLE DISCHARGE—Victoria White, Chief Nurse.

APPOINTMENT REVOKED—Marion Lippincott.

LENAH S. HIGBEE,
Superintendent, Nurse Corps, U.S.N.



Alabama

The eighth annual meeting of the Graduate Nurses' Association was held in the parlors of the Young Women's Christian Association on March 12. The following officers were elected: President, Miss Linna H. Denny; first vice-president, Miss Annis E. Stay, R.N.; second vice-president, Miss Eunice McConnell. Miss Helen MacLean was re-elected secretary and treasurer by acclamation.

Membership Committee—Miss Emma De Shazo, chairman; Mrs. George Sanford and Miss Julia Dainwood. **Ways and Means Committee**

—Miss Susie Erwin, chairman; Miss Kathleen Kear, Miss Annie Grosse. **Sick Committee**—Miss Mattie Hinson, chairman; Miss Vida Latimer, Miss Johanna M. Bartens, Miss Mary Allen, Miss Lucille E. Dugan, Miss Lula Wolfe. **Visiting Committee**—Miss Mary B. Walker, chairman; Miss Clifford Roberts, Miss Kathleen Kear. Miss Louise Shepherd, Mrs. Eula Belle Hale Cook, Miss Hattie Wilson. **Registrar**—Miss Rebecca Hale.

The association has nearly one hundred members, and each one is urgently requested to take an active interest in its work to promote the advancement of our profession.

We are striving for State registration, and we hope before long to have the Brimingham Association the finest in the State.

Let each nurse make it her aim and duty to ennoble her profession by always giving the very best that is in her while so engaged.

Miss Denny, our president, is a worker and with her able assistants intends to do great work for the association in the coming year.

It is our duty to help her.



Ohio

The Weekly Bulletin of the health department of Cincinnati, published April 3, gives the following tribute to the services rendered by the physicians and nurses. The letter is signed by the Mayor:

"The medical profession—physicians, nurses and pharmacists—have given another splendid demonstration of their unselfishness. Within an hour of receiving a call for assistance from the flood districts, the first relief party of doctors and nurses had been organized. The supply of volunteers always was in excess of the demand, and lack of transportation facilities was the only obstacle to immediate service. Duty in the flood zone meant hardship, long hours of service and financial loss to all leaving their regular employment. To the flood victims it meant relief from their suffering, guarding against sickness, and, in many instances, the saving of valuable lives. While the world accepts service of this character from your profession as a matter of course, it is a pleasure to publicly acknowledge this latest evidence that the best traditions of your profession are in safe hands, and that the high ideals, handed down through the centuries, are directing your energies."

Mrs. Fred Schafer, Miss Duffy and Miss Kyle, of Springfield, were the first nurses to the aid of

Mellin's Food Mellin's Food Mellin's Food Mellin's Food Mellin's Food Mellin's Food Mellin's Food Mellin's Food Mellin's Food

Something to think about

The making of Mellin's Food is something more than an ordinary business, because Mellin's Food has to do with the feeding of infants—a most important problem where

skilful care and accuracy are paramount.

There is nearly fifty years of consistent and painstaking effort behind Mellin's Food.

There is nearly a lifetime of experience and exclusive attention to the one subject of infant feeding, for the makers of Mellin's Food devote their entire time to the production of the one product.

The continuous success of Mellin's Food as a modifier of milk for infant feeding is attained by the superiority of the product, its uniformity, accuracy and extreme care in manufacture.

Physicians are in a position to appreciate all this, and that they do so is shown by their extensive employment of Mellin's Food—a product of known composition, that can be used with perfect confidence.



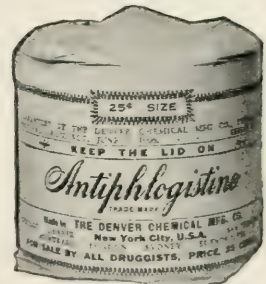
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Desiring to meet professional demands and requests for a small package of our product, suitable for dressing minor injuries and limited inflammatory areas where only a small surface is to be covered, we have placed upon the market for your convenience, a twenty-five cent package of ANTIPHLOGISTINE.

The thought of Summer, with injuries and conditions characteristic of the season, should call to your mind the value of Antiphlogistine and its dependable service as a therapeutic agent.

ANTIPHLOGISTINE will afford prompt relief to the patient and satisfaction to the attending physician, if applied to the following cases: Insect Bites, Bee Stings, Sunburn and its frequently following Dermatitis, Strains and Small Joint Injuries from baseball and other sports, Sprained Ankles, Ecchymosed Eyes, Infected Wounds, etc.

THE DENVER CHEMICAL MF'G. CO., NEW YORK



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REMEMBER

Antiphlogistine

TRADE MARK

MEANS

THERAPEUTIC EFFICIENCY

the flood victims at Dayton, and had headquarters at the National Cash Register. They arrived on Wednesday and worked alone till the arrival on Friday morning of the Red Cross nurses from Cincinnati.

A number of nurses have voiced their opposition to house bill No. 105. They claim the provision for eligibility for nurse examiners would eliminate all but training-school superintendents from eligibility to the boards.

Objection is also made to provisions regarding the school education of nurses and the fee for examination.



Indiana

The graduating exercises of the Training School of St. John's Hospital, Anderson, were held at the hospital on the evening of March 26. Reverend Chaplain of the institution, the doctors composing the lecture staff, the Sisters, the pupils of the training school and a number of friends of the graduates were present.

The graduates made a charming picture in their white uniforms. Each carried a large bunch of white carnations, which is the class flower. These were presented to them by Mr. Charles T. Sansberry.

The addresses delivered by the Reverend Chaplain and doctors were timely and appropriate, full of encouragement and kindly advice and congratulating the graduates on the achievement of the coveted honor for which they had earnestly and faithfully striven. Following the exercises supper was served in the nurses' class room, which was tastefully decorated for the occasion with the class colors blue and white, the graduates acting as hostesses.

The graduates are Miss Edythe May John, Miss Edith Marie Bouillet, Mrs. Mary Frances Newbrough, Miss Anna B. O'Donnell.

The Indiana State Nurses' Association will meet in Fort Wayne, April 22, 23, 24, with headquarters at the Anthony Hotel. A very good program has been arranged and it is hoped that nurses will not be too busy to attend the meetings.

The Indiana State Society of Superintendents of Training Schools for Nurses will hold a business meeting at the Lutheran Hospital on the morning of April 22. Luncheon served at 12 noon, the superintendent of nurses, Miss A. Lauman, R.N., hostess, assisted by her assistant, Miss Anna Holtmann, R.N. In the afternoon of the same

day the same society will have a social meeting at the Hope Hospital, with an informal reception, the superintendent of nurses, Miss Laura Logan, R.N., hostess, assisted by Miss Elsa Maurer, R.N. The other meetings will be held at Anthony Hotel.

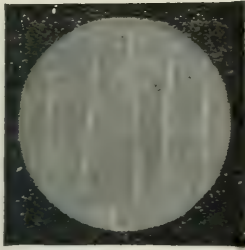


Michigan

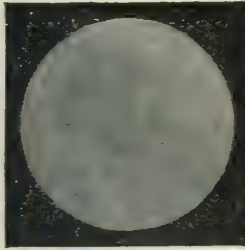
The Michigan State Board of Registration of Nurses will hold an examination for State Registration at the Grace Hospital in the city of Detroit, on June 10, 11 and 12, 1913, and at the Union Benevolent Association Hospital in the city of Grand Rapids, on June 17, 18 and 19, 1913. Only graduate nurses from an approved training school are eligible to take the examination.

The second meeting of the Nurses' Alumnae Association of Mercy Hospital, Cadillac, was held at the hospital February 24, 1913. The following motions were made, seconded and carried: Alumnae yearly fees, \$1.00; meeting of Alumnae, once every three months. Annual meeting for election of officers in month of January of each year, to be followed by a banquet. All members of Alumnae to be registered nurses in State of Michigan as soon after graduation as possible. All members of Alumnae to be members of State Nurses' Association. Every member to be a subscriber to a nursing journal. Indiscretion on part of any member, causing scandal, may be cause for calling special meeting to vote on expulsion of indiscreet member. A majority vote needed for expelling member. All members to attend State Nurses' Association when possible. All new members accepted on six months' probation. Miss La Bourselier (new member) accepted on six months' probation. Charges of Alumnae members to be as follows: Either one or two nurses, night or day duty, \$25 per week. Extra patient in home, \$5 extra. Contagious diseases per week, \$30. Small pox, per day, \$5. Confinement, during labor only, \$5. General treatments, \$2. Massage, \$2. Sweat bath, \$2. Cleansing bath, \$1. Alcohol rub, \$1. Working per hour, \$1. Working per day, first day, \$4, each day after, \$3.50. All car fare, livery, board, and expense of relief nurse, if one is necessary, to be paid by patient. Copy of proceedings of meeting to be sent by secretary to absent members. Copy of proceedings of meeting to be sent to nursing journals.

The Kalamazoo Graduate Nurses' Association held its annual meeting on February 2. The following officers were elected for 1913: President,



Growth of Streptococci without Formamint disinfection



Same plate after Formamint disinfection

Dangerous Allies Make Dangerous Cases

Numerous bacteria, themselves more or less pathogenic, are rendered more so by alliance with the Streptococcus, which is a frequent habitant of the throat and mouth. This is especially the case with tubercle bacillus and bacillus diphtheria.

Wulfin's **Formamint** THE GERM-KILLING THROAT TABLET

has a prompt and effective destructive action upon streptococci, due to the action of Nascent Formaldehyde, slowly evolved while the tablets dissolve in the saliva.

Formamint Tablets are most pleasant to the taste, non-irritant in action and most satisfactory in effect.

Samples and Literature upon request

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MADE AS SHOWN \$3.00



NURSES' Uniforms cut and made to your individual measure of fine quality white cotton poplin, which has first been shrunk by superheated steam. The most serviceable garment it is possible for you to buy at anywhere near the price. Will not shrink when washed. Requires less mending because all buttonholes and seams are reinforced. They look neater and wear almost twice as long as the ordinary ready-made uniforms. Our special price for uniform illustrated, \$3.00.

We have other styles made of dependable white materials at \$4.00 and \$4.50, nurses' stripes and plain blue at \$3.50 and \$2.50.

Each uniform is guaranteed to be of the highest quality, correct workmanship and fit. Should any uniform prove unsatisfactory or not as represented, we will promptly refund your money.

Send today for free samples of materials and measurement blank.

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Good Positions

FOR COMPETENT NURSES



AZNOE'S CENTRAL REGISTRY for Nurses which is the largest, oldest and most reliable Nurse's Registry in America, will place you in a desirable position if you are a graduate nurse with institutional experience.

We receive daily many requests from hospitals for nurses with experience.

If you are a competent nurse desiring to secure a good position, write today for FREE booklet fully explaining the efficient service we render nurses registered with us.

Aznoc's

Central Registry for Nurses
501-503 E. 34th Pl., Chicago, Ill.

Edith Cowie; first vice-president, Mrs. Hogan; second vice-president, Mabel Rose; secretary, Jennie Brower; treasurer, Effie Pierce.

Edith M. Cowie, graduate of Grace Hospital, Detroit, has been appointed superintendent of Bronson Hospital, Kalamazoo.



Montana

Miss Harriet Peeples, formerly superintendent of St. Peter's Hospital, Helena, after a vacation spent in New York and Missouri, has taken the position of superintendent in the new State Tuberculosis Hospital recently opened at Warm Springs.

Miss Lucy Marshall, formerly of Helena, but who has been doing private nursing in Missoula the past four years, visited the Capitol City during legislature session, in the interests of the Registration Bill for Nurses.

Miss Olive Peeples, who has been caring for a patient in Helena recently, has returned to her home in Bozeman.

Mrs. James T. Hull, graduate of the Wyoming State Hospital, who has been doing private nursing in Helena a short time, has taken the position of night nurse at the People's Hospital.



Kansas

The Kansas State Nurses' Association has been putting forth every effort the past year, leading up to the passage of a State law for registering nurses. It is therefore needless to say that every nurse in Kansas was very much pleased when the Kansas legislators saw fit to pass such a law. We Kansas nurses no longer feel that our sister nurses of adjoining States need look with pity upon the unregistered Kansas nurse. In our campaign we tried to leave no stone unturned, and in so trying followed the following outline: An article on State registration and a copy of the proposed bill was mailed to every doctor, hospital, legislator and nurse in the State whose address could be obtained. At Christmas time a pretty little card "with best wishes for a Merry Christmas and a Happy New Year and your vote for our bill when it comes before the Legislature" was mailed to each legislator.

Just before the legislators left their homes for Topeka a "Lest You Forget" card was mailed to each, reminding them of a few facts concerning State registration and asking them for their vote.

During the legislative session two nurses stayed in Topeka, working faithfully. When the proposed bill came before the House it passed 122 to 1, with two slight amendments. It passed the Senate in the same way, unanimously. After the passage of the bill a card expressing our gratitude for their support was mailed each legislator.

The examining board, as appointed by the governor, consists of Dr. H. Dykes; Mrs. A. R. O'Keefe, R.N., 1245 N. Market, Wichita; Miss Isabel Woodburn, Wichita Hospital, Wichita; Miss Alice Gagg, R.N., Christ Hospital, Topeka; Miss Mayme Conklin, R.N., 901 Clay Street, Topeka. As the term of waiver is only six months, all nurses wishing to register without examination must apply to any of the above before July 1. The card to the legislators follows:

LEST YOU FORGET WE WISH TO REMIND YOU:

That thirty-four States of the Union have registration for nurses.

That such a law guarantees a high standard of nurses.

That we are not trying to crush the undergraduates.

That we are not attempting to raise nurse's fees.

That we want to improve nursing conditions in Kansas.

We want more efficient nurses.

We want STATE REGISTRATION FOR NURSES.

We want your vote when our bill comes before the House and Senate, for which vote we thank you in advance. Sincerely yours,

THE KANSAS STATE ASSOCIATION OF NURSES.



Nebraska

Miss Lillian Stuff, head of the Visiting Nurse Association of Omaha, was in charge of the emergency hospital for the storm victims. Miss Stuff received a wire from the Red Cross national headquarters, authorizing her to call out the enrolled Red Cross nurses of Nebraska.

Miss Lucy J. Schuehman (one of THE TRAINED NURSE readers) was one of the victims of the storm in Omaha. Her home was demolished and she was in the ruins. Happily, she is recovering from her injuries.

Two of the Methodist Hospital homes for student nurses were entirely destroyed, while the other was slightly damaged. Many of the nurses were in the houses at the time, some asleep.

Miss Flora Cassell, a junior nurse, was the only

Balanced Nutrition

More than ever—the modern, progressive physician has come to appreciate the value of dietetic supervision as an essential of therapeutic success.

The busy doctor may not go into all the details concerning what, and what not, his patients shall eat and drink; but he must be assured of the fact that **proper balance** between protein, carbohydrates, fat and salts, is being maintained.

Grape-Nuts

and good cream afford a ration at once practically perfect in “balance” (about 1 to 15, protein to carbohydrates), and also easily, promptly absorbed by the weakest digestive organs.

Grape-Nuts is made of wheat and barley, a small amount of yeast, pure artesian water, and a “pinch” of salt.

As far as modern scientific means and methods make it possible, **all** the rich food elements of these important cereals, including the “vital phosphates,” are retained in the making of this well-known and most appetizing food.

The **Clinical Record**, for Physician's bedside use, together with samples of **Instant Postum**, **Grape-Nuts** and **Post Toasties** for personal and clinical examination, will be sent on request to any Physician who has not yet received them.

POSTUM CEREAL CO., LTD., BATTLE CREEK, MICH., U. S. A.

one seriously injured, and she died of her injuries March 25 at the hospital.



North Carolina

The North Carolina State Nurses' Association will hold its annual meeting May 28, 29, 30, at Battery Park Hotel, Asheville.



Oklahoma

In compliance with the new law pertaining to the practice of nursing, all nurses now practising in the State who claim to be trained or graduate nurses must register with the State board for examination and registration of nurses in June. The senate bill No. 266, by Anderson, which amended the previous law, was passed by both houses and signed by the governor.

Miss Mabel Garrison, of Oklahoma City, has sent out a letter stating that applicants for registration must turn in the application blanks for registration by May 3.



California

A number of student nurses of California have been waging war for an eight-hour day in the training school. The measure is opposed by superintendents of hospitals, who object to the interference of the law in hospital management.

To investigate the conditions under which nurses work, a sub-committee of the labor and capital committee of the Senate will visit Sacramento and San Francisco hospitals. This action is taken by the committee before any report is made on the bill extending the eight-hour law to women.



North Dakota

The North Dakota State Nurses' Association will hold its second annual convention at Fargo, April 23 and 24. A program of great interest has been arranged.

The officers of the State Association are as follows:

President, Bertha Erdman, R.N., of the State University at Grand Forks; first vice-president, Maude Sides, R.N., of Jamestown; second vice-president, Louise Hoerman, of Bismarck; secretary, Emily Holmes Orr, R.N., of Grand Forks; corresponding secretary, Emily Scripture, R.N., of Fargo; treasurer, Ethel Stanford, of Fargo.



Illinois

Miss Alma Lutz, of the American Hospital,

accepted the position as head night nurse at the L. L. Culver Union Hospital, Crawfordsville, Ind.

Miss Lena Winkler, of the Pullman Hospital, has accepted a position in the Amboy Hospital, Amboy, Ill.

Miss Elizabeth Boone, of St. Joseph's Hospital of Chicago, has accepted the superintendency of the Worthington Hospital, Worthington, Minn.



Foreign Mission Work

A graduate nurse is wanted as hospital superintendent at the American Hospital for Women and Children, Madura, South India. Christian nurses who desire to know more of this and similar openings in other lands, are asked to write to Mr. Wilbert B. Smith, 600 Lexington Avenue, New York City.



Personals

Miss Frances Bescherer, who has been supervising nurse at the Homeopathic Hospital, Reading, Pa., since December, 1912, has resigned her position to take the superintendency of a children's home at Harrisburg.

Miss Hattie Ott has been appointed by the city commissioners of Dallas, Texas, as district nurse.

Miss Marie C. Bettig has resigned her position at the Neversink Mountain, Pennsylvania Tuberculosis Sanitarium.

Miss Gertrude Muldren, formerly superintendent of nurses at the Allegheny General Hospital, Pennsylvania, has been appointed superintendent of nurses at the new Detroit General Hospital, Detroit, Mich.

Miss Elda Fair, head nurse of the Macon Hospital, Macon, Ga., left on April 15 for Lucabo, Africa, to fill the post of missionary nurse in the hospital now being erected there by the Southern Presbyterian Church.

Miss Fair will be supported by the Tattnell Square Presbyterian Church of Macon.

Miss Margaret Singleton has resigned her position as head nurse at the National Soldiers' Home and accepted the office of superintendent at the Memorial Hospital, Johnson City, Tennessee, succeeding Miss Maud Hodge, who resigned recently.

Miss Lillian F. Wardell, for the past few years superintendent of the Columbia Hospital, Colum-

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As a GENERAL SYSTEMIC TONIC
After LA GRIPPE, TYPHOID, Etc.

DOSE: One tablespoonful after each meal.
Children in proportion.

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Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request.

A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

bia, Pa., has been chosen superintendent of the General Hospital at Lancaster, Pa. Miss Wardell is a graduate of the training school of the Presbyterian Hospital, Philadelphia.

Miss Mareca DeLong has been appointed superintendent of Henrietta Hospital, East St. Louis. Miss DeLong has been surgical nurse, and will succeed Miss Maria Burris, who recently resigned. Miss DeLong is a graduate of the training school of Centenary Hospital, St. Louis.

The Misses Mary E. Kuester and Anna E. Lay resigned from the nursing staff of the Mary Packer Hospital, Sunbury, Pa., to accept positions in the Koch Tubercular Hospital, St. Louis, Mo.

Miss Laura E. Rebhorn has been elected visiting nurse at Shamokin, Pa.

Miss Sabina E. Corcoran, of Albany, N. Y., has recently taken the position of head operating room nurse of the Homeopathic Hospital, of Albany, N. Y., the training school of which she is a graduate, Class of 1912.

Miss Catherine Lowney has been appointed district nurse for the board of health of New Bedford, Mass.

Miss Minnie Worrest, who recently resigned as superintendent of the Chester County Hospital, at West Chester, Pa., has accepted a similar position in Louisville, Ky.

Miss Ham has been appointed visiting nurse at Muskogee, Oklahoma.



Marriages

On January 4, 1913, at the home of Mrs. M. M. Lewis, Albany, N. Y., Miss Abigail E. Lewis, a graduate nurse of the Homeopathic Hospital Training School, Albany, class of 1907, to Mr. Lloyd Daniel Bates. Mr. and Mrs. Bates will reside in Albany.

Miss Irene Cecilia Maloney, of Des Moines, a graduate of the Glockner Hospital and Sanatorium of Colorado Springs, Class of 1911, will be married May 7, 1913, to Mr. James Gerald Davis, of Denver, Colo.

On March 4, 1913, Miss Ruth Virginia Peabody, of Westerly, R. I., to Dr. Harry F. Hoffman, of Rittersville, Pa.

On March 21, 1913, at Philadelphia, Pa., Miss Margaret Davis, of Mahony City, to Mr. John Ashton, of Mt. Carmel, Pa.

On April 4, 1913, at the Post Chapel, Fort Crockett, Galveston, Texas, by Chaplain G. S. Griffes, U. S. A., Miss Bessie Nesbit, a nurse of New York City, and who served in the Spanish-American War, to Walter Robert McAdoo, U. S. A.



Births

On March 16, 1913, at Brooklyn, N. Y., to Mr. and Mrs. H. Klintrup, a daughter, Elizabeth Marie. Before her marriage Mrs. Klintrup was Miss Mae Warner, graduate Training School for Nurses, Mt. Sinai Hospital, class of '02.

On February 7, 1913, at Albany, N. Y., a son, William Joseph, Jr., to Mr. and Mrs. William Manton. Mrs. Manton was formerly Miss Marion Lanfere, a graduate nurse of the Homeopathic Hospital Training School, class of 1908.

On March 4, 1913, to Mr. and Mrs. William H. Peterson, a daughter. Mrs. Peterson was Miss Ella Wilson, Class of 1910, Columbia Hospital Training School, Pittsburgh, Pa.



Deaths

At New Haven, Conn., March 16, 1913, Grace J. Warrington, a graduate of the Connecticut Training School for Nurses, Class of '99.

"In the death of Miss Grace J. Warrington, the profession of nursing loses one of its most valued members, and many people will feel a deep sense of personal loss.

Coming in daily contact, as she did, with "all sorts and conditions of men," her gentle manner and unfailing sympathy made her greatly beloved, while her quiet dignity and forceful character inspired each one with patience to endure his own special affliction and courage to meet the future.

Though in failing health for the past five years and knowing well that hers was a "lost cause," she courageously filled out the measure of her days, determined to "fight the good fight," and when the end came a host of sorrowing friends felt that a "just spirit" had been "made perfect."



HYPEROL

(A Utero-Ovarian Tonic)



of exceptional value in the treatment of all functional diseases of women. Relieves uterine spasm, regulates the utero-ovarian circulation, stimulates physiologic processes and restores the general health. ✱ Remarkably effective in amenorrhea, dysmenorrhea, sub-involution and kindred affections. Absolutely free from all opiates or narcotic drugs.

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an unexcelled means of improving digestion, increasing assimilation and promoting nutrition—in brief, of raising functional activity of tissue cells and thus restoring the health and vital resistance of the whole body. ✱ A reconstructive tonic of known dependability, the results from which are permanent—not transitory.

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Treatment of Constipation

The most logical treatment of this common complaint is by a diet which will overcome the dry condition of the colon without inducing a laxative habit. By the daily use of Uncle Sam Breakfast Food Q. S. constipation will be overcome naturally and easily. This food contains *flax*, which the heat of the stomach turns into oil, and thus lubricates the entire intestinal tract. Sample and literature will be sent you free, upon request, if THE TRAINED NURSE is mentioned. Address Uncle Sam Breakfast Food Company, Omaha, Neb.



Chinosol

The intensely powerful non-poisonous anti-septic, Chinosol, is surely a boon to the trained nurse, for though it possesses greater antiseptic strength than bichloride, it does no damage to the hands. This is one of the many reasons why Chinosol is so rapidly replacing bichloride.

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These adjustable surgical bed frames are now in use at the Johns Hopkins Hospital, Baltimore, and a large number of other hospitals in the country, and have proved very satisfactory.

With this bed frame the operative risks are diminished. It is a comfort to patients, a help to surgeons and a recommendation to hospitals.

See advertisement in this issue.



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"Impenetro" will be welcomed as a means of relief from the inconvenient and unsterile Kelley pad and similar appliances.

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After all, it is the trifles which count most in uniforms. The greatest modiste of the day grew famous by attention to the little things. The success and fame of Aznoc's Pre-Shrunk Made-to-Order Uniforms factory—the largest of the kind in the world, making Pre-Shrunk Made-to-Order Uniforms—were established by attention to details. Every curve, every seam, every stitch in Aznoc's Uniforms is made with an expert's knowledge of what a nurse needs. The careful regard for trifles, combined with the excellence of material and perfection of workmanship, is responsible for our 1913 uniform's tre-

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Instruction both theoretical and practical is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

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In spite of all of the modern advances in scientific therapy and the improvements in the general handling and management of acute infectious diseases, acute lobar pneumonia still deserves the title ascribed to it by Osler: "The Captain of the Men of Death." There are, however, especially during the fall and winter months, many cases of the lobular or irregular pneumonia that so often complicates or follows la grippe. When this condition supervenes it is more than likely to follow a sub-acute or chronic course, and convalescence is frequently long delayed. Under such circumstances, in conjunction with treatment designed to hasten resolution, a general blood tonic and vitalizing agent helps materially to shorten the convalescent period. Pepto-Mangan (Gude) is of much value in this field, because it not only increases the solid elements of the blood, but also acts as a true tono-stimulant to the organism generally. As Pepto-Mangan is free from irritant properties and constipating action, it is especially serviceable in the reconstructive treatment of the devitalization following the pneumonia of the aged.



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ited in certain kinds of cases. Both in private and hospital practice it is universally used.

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A large number of patients in typhoid fever cannot, for some reason or other, digest pure milk, and some physicians of large experience give very little milk, anyhow, but I think the rank and file of all practical men use equal parts of milk and Barley water, as mentioned above, and find it the most satisfactory preparation we have in modern times for feeding typhoid fever patients.



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Send for sample of Evans' Antiseptic Throat Pastilles, 92 William Street, New York. They relieve coughs, colds, hoarseness and throat irritation. Recommended by singers and public speakers. A postal card with your address will acquaint you with this valuable remedy.



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The Trained Nurse and Hospital Review

VOL. L.

NEW YORK, JUNE, 1913

No. 6

Organized Home Care for the Sick—A Study in Efficiency*

RICHARDS M. BRADLEY

Boston, Mass.

THE subject of my address will be the civic organization necessary to enable families to meet the exigencies of sickness in their homes with efficiency and economy, and of the efficient use of combined household and nursing labor by such an organization.

We all know how our hearts have been moved by the tale of wholesale sorrow, suffering and loss in the floods. Most of us, also, are conscious that it takes a greater effort of our imaginations to realize what it means when disaster and trouble strike our community in a different way—for instance, when it attacks us one by one, reaching our homes here and there day after day and year after year. The aggregate loss may be greater, and the aggregate suffering far in excess, and yet, unless we school ourselves to consider these things, the ten thousand employees killed on our railroads and the tens of thousands of fellow beings slain by bad milk or tuberculosis escape our thoughts. We can think more easily in head lines than in statistics.

I can perhaps best get the case before you by stating my own experience in encountering this problem. I am not a professor of

either medicine or philanthropy, but just an ordinary business man. I was given charge of a fund devoted to philanthropic purposes to be used first in a town of moderate size, containing a population that was for the most part neither very rich nor very poor. They were like five-sixths of the people in Detroit.

I found, what I believe is usually the case, that sickness was the immediate cause of the most of the cases of distress. I set to work and helped to provide the usual organized means of helping sickness—namely, visiting nurses and a hospital. I was immensely surprised, when this had been accomplished, to find that there was still distress in very many cases, and that the established means of relief did not reach these cases. This is undoubtedly the case in every town, for the same problem has often been stated by others. A further study of the question brought the following considerations to light:

A certain number of cases are so situated that a graduate visiting nurse coming for an hour or so a day gives them the necessary service and brings relief; a certain number of cases, especially surgical cases, are of a nature or are so situated that the hospital is

*An address delivered before the Social Service Club of Detroit, April, 1913.

the only proper place for them. Other cases need the constant care of a graduate nurse in their homes, and are able to pay for her and provide the necessary facilities for handling the case properly in the home. But these are by no means all of the cases—often, perhaps, not even a majority of them. We found very many cases that were not helped by any of these agencies, and so we set about to find out what additional was needed and how it could be provided.

We first started a small organization for the express purpose of taking each case that was not served by what we already had, and finding out what should be done for it. The organization at first consisted of a secretary with a telephone, backed by a committee of women well representative of those homes. Please remember that our cases were seldom charity cases; they were just ordinary neighbors in difficulty from sickness.

We found that when sickness came to the ordinary home, especially if it attacked the woman of the family, it was not merely the patient and her illness that had to be considered. If we were to help her *she must be considered not only as a patient, but as part of a home, with the household machinery broken down by the sickness*. Often that household question was almost the only problem. Only give the patient the opportunity to lie quiet, and to know that all was going well with the home and the children, which was the only way to keep her quiet, and nature would do the rest.

During the first year we followed the household service idea alone. The town was raked for people who could do things. About a thousand days' work were provided at a very small net cost, for administrative purposes, between two and three hundred dollars.

But during this time we found that the problem was by no means so simple as this; questions arose where the fullest nursing skill and the most vital household interests were inextricably mingled. So we got Miss

Charlotte Macleod to come, who had helped Lady Aberdeen start the Victorian Order of Nurses in Canada, knowing that she not only knew and believed in skilled nursing, but had all-around service fully at heart.

The result of the working together of these two elements—the women understanding the home problem and the nurse understanding not only this but the nursing problem—was to evolve what we have not often had before in this country—an office with a working force using the co-ordination of labor of all kinds in rendering service to the home in sickness, and taking the needs of the home, including the patient, as a starting point.

We found very soon that where continuous care was needed, that continuous care was often not necessarily the continuous care of a graduate nurse. While for certain things and at certain times the service of the graduate was needed, much of the continuous service needed was household service, with occasional help for the patient, such as could best be rendered by women trained to supplement the graduate nurse and perform that service. In other words, we did not offer the family a stone, even if it was a precious stone, when what it needed was bread.

We thus gradually evolved and organized a working force, in a development that is as yet far from complete. Our force is as follows: Under the general superintendent is a visiting nurse doing the usual visiting nurse work, and a supervising nurse, who has under her a squad of household nurses or attendants. In addition to this, there is a directory and employment agency of graduate nurses at one end of the list, and at the other end a miscellaneous list of all the people in the town who can go out to help by the hour, day or week.

What we are undertaking to do is to get these forces to work together, supplementing each other in co-ordination, with the object of producing the most effective service at

the lowest practicable cost. This is nothing but the old principle of co-ordination of labor, used in every workshop since the days of the Egyptians and before, here applied to the care of the sick. Why it has not been commonly done before is easily explained. Educated trained nursing is such a new thing that it has not yet got adjusted.

There are, of course, an infinite number of examples to be shown of the working out of this method, but one of the most simple and common is the confinement case, handled as follows: When the labor begins the supervising nurse is summoned with the doctor, and we thus make sure of the special skill during the crisis. As this nurse has dozens of cases in the course of the year, she has the best chance of being well up in her business.

When the nurse goes away in the morning, she leaves a perfectly fresh assistant, whose duty it is not only to look after mother and child, but to see that the household goes on as usual—breakfast got, children started for school, etc.

Here we have co-ordination of labor, and a confinement case is put through at a service cost of perhaps \$25 to \$35, including the care of home as well as patient. The student of efficiency and economy will have to remember that, if the mother had gone to a maternity hospital, the home would have had to be carried on just the same.

There is another aspect of the work: Such an office open night and day to the call of a neighbor's distress can do much, not only for the family in trouble, but for general community efficiency. The foreman of a workshop finds that his best workman is missing some morning, and things at the shop go wrong. This is repeated, and the man is in danger of losing his job. Come to find out, there is sickness at home and he cannot get anybody in; he really cannot get away. But the man can go on with his job if he knows that there is somebody back of him to help him out at home. With effi-

ciency here, there is saving not only for the family, but for the whole community.

The efficiency of the home or, rather, the potential efficiency of the home in sickness, may be shown by a very different case in another town. A small hospital had been established by us where good service was being given, costing, including capital charge, three or more dollars a day per patient.

After it had been going on for some time, I heard of the following case in a home only a short distance away. A man was mortally ill with heart complaint; his wife did not want to send him from home to die, though they were ready to take him into the hospital, nor did he want to die out of his home. Any of us might feel the same way: You know a home, even a small one, is a pretty good place to die in, if you have to die. So week after week that woman had held him in her arms through the nights, while he fought for breath, and had carried on the home through the day practically unaided, until the end came. What was the service which that home needed? Was it three or four dollars a day hospital service that we had offered, or was it just that plain service in the home that, without straining to the breaking point, would have enabled her to have her husband die in his home and in her arms?

Now, I do not wish to be misunderstood in this matter. There are plenty of uses for the hospital; there are plenty of cases that must go there and that are better there; no community can do without good hospitals. You will have need for every dollar that you can raise in this city for hospital purposes. What I wish to bring before you is this: *You cannot get the full efficiency out of your hospitals unless by organizing you get the full efficiency out of your homes.* It is a plain case for an all-around study of economy and efficiency.

Unless you are well organized for reaching the home when sickness first comes, the

right cases will not get to the hospital in time; the right cases for the home cannot be properly handled there, but will have to crowd the hospital. Moreover, when the hospital has served its purpose and the patient is ready to return and make room for the next case, the work of the hospital will be lost unless the home conditions can be made such that the convalescence can end in health and not in helplessness. Twenty per cent. added to the effectiveness of a million dollars' worth of hospitals would make an investment of five or ten thousand in home organization look like good business, and I believe it would do this for your hospitals.

Perhaps one of the most definite ways of conveying to you the kind of work done by this office is to give a list of the occupations of the breadwinners in the families served, and to have you understand that only a very small percentage of the labor cost of this work was not paid for by the people themselves, and that small percentage was paid for by agencies outside of the nursing office. The breadwinners were—farmer, gardener, bank clerk, machinist, Estey organ shops, retired, milliner, fireman, painter, cutter H. C. M. Co., sheriff, tailoress, domestic, chair factory, janitor, lawyer, real estate agent, salesman, baseball player, teacher, veterinary, boarders, carpenter, junk dealer, assistant editor, teamster, printer, general secretary, laborer, brakeman, Standard Oil Company employee, mechanic, electrician and nurse.

I have given you here chiefly the point of view on this subject of the community and the householder. I have suggested that efficiency and economy in the use of your hospitals are inseparable from efficiency and economy in the use of the home in sickness.

There is in addition, however, the point of view of those who serve you in sickness—the physician and the graduate nurse and also the so-called practical nurse.

There is no more trying dilemma for the

doctor than to have to choose between recommending what is not adequate for the patient and what is too expensive for the home to afford. A cheaper and more efficient nursing service offers some relief from this.

There is no more difficult situation than that of the graduate nurse at the present time. She is cut off apparently from service to the great mass of people of moderate means, and confined largely to the service either of the well-to-do or to the service of the very poor through endowments. She is subject, also, to increasing competition from the ex-pupils of rapidly multiplying institutions giving short courses.

I do not pretend that this form of office offers a solution for all her difficulties, but it does offer a wider field of service and a larger use for her abilities; it offers not only additional chances for supervising nurses, but the inevitable result of such an office is to bring to notice those cases, in all classes of life, of sickness in the home that can be handled properly only by the graduate nurse; for it is the sickness, not the purse, that determines the need of a graduate nurse.

When there is a civic organization whose business it is to serve the home, that organization can readily bring about such benefit insurance organization or other financial arrangement as will put the service of the graduate nurse within reach of every home that needs her. *That is the only solution with which we can be content.* A widespread association in England has accomplished this with the cottage nurses by a very simple and effective system, and there is no reason why we cannot do it here for graduate nurses as well, where graduate service is needed, as it so often is. The great middle class cannot be served in this way by endowment, because they are too numerous; nor can they be served by ordinary charity, because they will have none of it. They have their own endowment in their indepen-

dence, their power of work, and their frugality, and they need only the help of organization to carry their own burdens. The graduate nurse can be brought within the reach of all by means of benefit insurance.

Another point of view is that of the non-graduate nurse, who once constituted all the service available. The whole difficulty in the situation has arisen from the newness of the graduate nurse in the field, and the fact that for many things she had to displace the practical nurse. This has created competition where there should be co-ordination, as in this system.

There are many women well adapted for this work, especially women who have lost their husbands and women whose children are grown up while they still have abundant strength, energy and good household experience. Many of these used to go into nursing, but now they have been told that they are too old to take a hospital course, and that they should not take the responsibility of nursing without such training. Here is an opportunity for these women, where they can do good work with no such reproach, for it is the business of the office to determine what they can or cannot do, and to supply any deficiency through the supervisor. The distinctive feature of this work is that the less trained woman works under supervision, a much safer way of determining her qualifications than any grading that may be attempted by means of diplomas.

There is another most important question, namely, the question where this work touches on the field of charity and the great and valuable work that organized nursing is now doing in that field.

When organized nursing employing visiting nurses began in this country it found an enormous task before it, and it did the work that came to its hand in seeking to alleviate in a degree the enormous mass of distress that comes from the poverty collected in our great cities. This was good for the poverty but it was bad for organized nurs-

ing, for in the public mind organized nursing has too often become inextricably associated with dependence, and finds this a most formidable obstacle in extending its usefulness to other classes.

How this office of ours is expected to deal with the independent classes, composed mostly of people who value their independence, who are accustomed to be dealt with in a business way, and who do not understand fine distinctions. In order to do our work properly we have found it desirable to make an entire separation between the nursing and household service and charity administration. This means that while work paid for by charity shall be done by this office, the charity shall not be dispensed by those who do the nursing, and the nursing office shall be open to the public for nursing and household service on a strictly business basis. As this question is a very vital one, and as its proper solution is vital to the success of any attempt to serve the independent classes, I will trespass on your time to give the reasons in full for taking this course.

There are the following objections to stating in the business announcement that work will be taken at this office for "what people can pay," or that certain kinds of work will be done for certain kinds of persons for less than regular prices, or, what is practically equivalent, for less than cost. This makes the office an agency for relief of a certain kind, as well as an agency for nursing.

Now this announcement that people need not pay regular prices if not able, instead of bringing in more money to be used for the relief of this form of distress, among the people with whom we wish to deal has exactly the opposite effect from that intended. Where the average citizen has trouble about paying his bills, he generally gets some relative or friend to help him out. This announcement that people need not pay if they are hard up relieves from responsibility those who would otherwise come to the aid

of the relative or neighbor who is in difficulty, and makes him think that somebody else has undertaken it.

The advantage of the opposite course can be shown by the fact that the Brattleboro office took the following stand, and got the following result:

The report of February 1, 1910, says:

There is one thing that we are not trying to do—we do not intend to deprive our churches and other charitable and benevolent organizations of their own peculiar fields for doing good.

We are a machine for giving service in sickness to all at the least possible cost, but our business is not to provide that cost. Whether the money used through us be a merchant's surplus, a workman's savings, or the allowance of a fraternal order, a church committee's offering, or the funds of a town officer, we are going to try to make the money do better service than ever before, *but it is not our business to provide that money*. We are merely a machine for doing the work, and those who have the work done will furnish the fuel to run the machine.

We are a machine; that is, so far as money goes, but not a mere machine in another sense. If we cannot make our work a human expression for ourselves and others of the spirit that underlies true neighborliness, our mere working machinery will be worse than useless.

What has been the result of this policy when once understood?

Nursing expenses for those who cannot pay full prices are paid by town officers, tuberculosis association, charitable funds, churches, friends, relatives, benevolent individuals, and everybody else except by this office.

The office has never committed the iniquity of making money, but it is able to do more work and better work with the money at its command than would be the case if the office said it would remit to those who cannot pay, for by saying this it would really remit, not to those who cannot pay, but to those who ought to help. There is no place that is devoid of sources that could be drawn on for the purpose of relief if this kind of office did not attempt to undertake the whole thing, instead of simply attempting to furnish the service.

The applicant himself is often among those who can help if he is given a chance; sometimes he fails because of his own fault, but more often because not supplied with the right means of insuring against emergencies. There are sufficient instances. In some regions hospitals and nursing systems are largely supported by insurance or benefit payments, and any attempt to enable people to pay in this way should not be discouraged by a system of authorized remissions.

Another objection to giving financial relief in any form from the same office where service is arranged for, is that it requires two different kinds of mind and two different kinds of training to do these two different things well, and you frequently find a very good nurse with her mind so full of nursing that she is not adapted for the relief part. Moreover, it often embarrasses her nursing work, as it brings in financial disappointments and controversy from which she should be free if she is to handle the family effectively as a nurse.

The lack of ability of nursing organizations to co-ordinate their relief work with other relief work is sufficiently well known and the waste resulting therefrom is sufficiently notorious not to need enlarging upon. The latest claim of an enterprising agent of relief in Boston is that she has found as many as nine organizations infesting a single family.

The last and not the least important reason why financial relief should not be mixed with nursing is that it imperils the whole scheme as to its ability to get the work done that should be done. By bringing in this charity element, we give the impression to the class of persons that we want most to reach that we are in a charitable line. These persons, not considering themselves objects of charity, will often fail to take us seriously for supplying their own wants. You cannot do business with them in that way.

If the office is to cover the field intended,

five-sixths of the people who use it would be regular customers, accustomed to pay market prices for what they get, and accustomed not to have their financial affairs inquired into except for credit. Their usual attitude toward the office should be like that of the people who deal with one of our greatest philanthropies, the savings banks, where they expect fair rules and require no special favors.

I have given you what I fear is an all too imperfect picture of an office of this kind and its possibilities, with no certainty as to the exact form that is best adapted to this community, but with entire confidence that its basic principles can be applied to every community where there are homes.

We all know that in the past few years a new spirit has been abroad in our land. We are stopping to ask ourselves again if we are our brother's keeper. We are getting together, and we are thinking more of each other as neighbors.

We cannot go back entirely to the old days, when a man used to go out to watch by the bedside of a sick neighbor, and when the mother of the family left her work for the offices of birth and death in her neighbor's house. Our civilization has become too complex for that; labor is too specialized and much of the work has become too technical. None the less the same spirit still lives in us, and it has again blazed up and must find forms of practical expression suited to the time.

We are still neighbors, and still the appeal of the helpless and suffering stirs our hearts as it ever has. Cannot we give this appeal an answer in accordance with the spirit of our own age? Cannot some of the organizing capacity, of which your own city has such full measure, lend its aid to putting business efficiency and economy into this problem of saving the waste of homes and lives? If it does, it will surely find many willing hands to help.

SERVICE

Service is the coin in which humanity's debts are paid. Our debt is tremendous—the liberties we enjoy, the food we eat, the clothes we wear, the houses in which we live, are not of our own getting. We owe for all of them. In our civilization, countless thousands serve every man every day. And as man rises above the average of his fellows, the thousands become tens of thousands, and his debt to humanity grows heavier.

What we must realize before eternal justice will be established upon this earth is that no man can pay his debt, and also that the only happiness he can have is in trying to pay it.

And we must realize that folly's crown is on the head of him who tries to pay his debt to humanity by mere money.

—*William Allen White.*

The Pulse and Its Observation by Nurses*

LOUIS FAUGERES BISHOP, A.M., M.D.

THE pulse occupies a good deal of the attention of physicians and nurses, but it does not always occupy as much of the real thought as it ought.

The pulse is the general name given to the wave motion that is imparted to the blood current by some movement on the part of the heart. If you throw a stone into a lake, a wave which you can see with your eye is started that spreads in every direction on the surface of the water; or if in the dark you had your hand in the water you could feel the wave as it passed. That is like the pulse—a wave motion. It is not caused by the passage of blood, just as the wave of the lake is not caused by the passage of water. It is the passage of an impulse from one part of a body of blood to another part. In other words, it is a form of motion and not a material thing.

That is well illustrated by taking the end of a piece of string attached to something at the other end, and when you shake the string the wave which the motion generates at one end of the string passes to the other, but the string itself does not move from place to place. It is in just the same place as before the wave passed along it.

The pulse is a wave motion in the blood, and has nothing to do with the flow of the blood itself, so the pulse is not the measure of the amount of blood that is flowing. It is the measure of the amount of wave motion that is imparted to the blood by the contractions of the heart.

Another proof of that is that you can compress the artery completely in the wrist so that the blood cannot flow through it, and yet you can feel the pulse just above where it is compressed, although of course, there is no blood flowing through the vessel.

Up to quite recent times, when we spoke of the pulse it was understood that we referred to the pulse that is felt at the wrist—in the radial artery, and we considered that as the principal pulse in the body, though, it might be felt at the radial artery, the temple, or at one of the arteries of the leg. In other words, the arterial pulse was the only pulse we considered.

Of late years, those who have paid most attention to heart trouble have come to regard the pulse in the veins of great importance. It is indeed of great value and has reference to the contractions of the auricle. You know the heart is divided into four chambers, two auricles and four ventricles.

The four chambers of the heart come pretty closely together so that in a picture it is not easy to separate them visibly.

The blood enters the auricle, which is separated from the ventricle by valves, and then it enters the ventricle and is pumped into the arteries (we are speaking of the left side of the heart). The contraction of the ventricle causes the pulse in the arteries. The contraction of the right auricle in health causes a pulsation in the veins called the jugular pulse because it is generally observed in the jugular vein.

The jugular pulse is of a good deal of importance to nurses provided they have been taught to observe it. You know from your experience that in very sick heart patients and in some other very sick patients you see a very marked pulsation in the neck. That is often the jugular pulse, and it has a particular significance. It means ordinarily that the auricle is not working properly, and that is a serious matter to the heart.

I have been at great pains to explain to

*Lecture delivered to Nurses of Lincoln Hospital. Reprinted from *Buffalo Medical Journal*.

you the nature of the pulse—that it was a wave motion and not the motion of the blood itself. The blood, of course, is flowing toward the heart through the veins, and yet the venous pulse travels from the heart up to the veins. It might puzzle you very much if you thought about it. There is great beating in the veins but the blood is flowing in a different direction. The wave from the stone travels up-stream against the current if you throw a stone into the water. In the same way the venous pulse travels upward from the auricle into the veins.

I have recently had printed some nurses' charts for my private practice, and I put at the top of the chart that the nurse should observe any pulsation at the neck because in very sick people the onset of pulsations in the neck means weakness of the auricle and the auricle is the part of the heart which has to do with the origin of the contractions and its regularity. It is like the sparking part of an automobile; if this gets out of order the engine sputters and does all kinds of things; and it is the same way with the heart when the auricle misbehaves.

The most irregular hearts we have to deal with in very sick people are hearts in which the auricle is paralyzed, that is, there is a trembling palsy of the auricle, and these are the cases in which there is this marked pulsation in the neck.

In health the blood flows into the auricle, then the auricle gives a little contraction and drives the blood into the ventricle; then the ventricle contracts and drives it onward. Also, in health the jugular pulse comes a little before the radial pulse so that you find the pulse in the veins a little before the pulse at the wrist because the auricle contracts and drives the blood into the ventricle and the ventricle contracts and drives it into the circulation.

This is the natural way, but this little healthy contraction of the auricle does not make a pulse that is big enough to be noticed. If you look very, very closely in

a good light at a patient sometimes you can see the natural wave or auricular contraction in the jugular vein, but ordinarily it is too slight to be noticed; we can only get it by careful measurements with apparatus. So that the natural jugular pulse is not observable by ordinary means.

In bad cases of heart disease, the auricle becomes paralyzed and dilated, and is poisoned and does not work at all, and in these cases the contraction of the heart sends a wave back into the veins which is the visible pulsation in the veins that we are so familiar with in very sick heart patients. Now that wave, of course, really has its origin in the ventricle. In other words, it sends a wave back through the paralyzed auricle into the veins, and in that case our tracing from the veins would be very much like our tracing from the wrist. In other words, we get what is known as the ventricular form of venous pulse. This may seem a little complicated, but it is the latest advance in the understanding of heart disease. It involves more than half of the very bad heart cases that we see. It is a thing that can be easily suspected by a very simple symptom—by this pulsation in the neck. It is one of the great discoveries of modern times, so I do not hesitate to tell you about it.

When you put your hand on the pulse of a very sick patient and can see a pulse in the veins, which corresponds to the pulse at the wrist, particularly when the heart is irregular and rapid, you have every reason to suspect that there is paralysis of the auricle.

There is a very nice thing about this form of heart disease: that it yields to digitalis in a very specific manner. Digitalis often comes about as near bringing about the resurrection of a patient practically dead as any drug that I know. It restores the circulation, removes the dropsy, and gives the patient back a heart that is useful and able to carry on the circulation.

So I want you to remember that the pulse is a wave motion. It is not a material thing but a form of motion that is transmitted along the blood current, and has nothing to do with the movement of the blood as a whole.

I want you to remember that the pulse in the arteries is a wave motion and that it has its origin in the contractions of the ventricle or pumping part of the heart.

I want you to know about the fact of the existence of a pulse in the veins, and that it naturally occurs a little before the pulse at the wrist. Then I want you to remember that particular form of venous pulse that is easily visible and which corresponds in time with the pulsation at the wrist because it has its origin, not in the auricle, but in the ventricle.

The Chinese are said to be a people whose practice of medicine is founded almost entirely upon the pulse. The patient in China sometimes goes to the physician and thrusts his hand through a curtain and the physician feels his pulse, makes a diagnosis and prescribes. In the Chinese books of medicine there are hundreds of different kinds of pulses described. It is very foolish to say that any great nation is entirely wrong in anything that is a large part of one of their arts. However, we cannot help believing that the Chinese are a little one-sided in paying so much attention to the pulse, but they have undoubtedly been able through thousands of years of observation to put into writing a whole lot about the pulse which we never have put into writing, for the pulse in a great measure is to be estimated as a matter of judgment.

You feel the patient's pulse, and you say, "His pulse is better today than it was yesterday." Now what do you mean? You mean that you think it represents a better condition of affairs, but you may be very much in the wrong. A weak pulse is not exactly a bad pulse; a strong pulse is not necessarily a good one. Everything de-

pends upon the circumstances. It is better to be guided by certain rules that we can formulate than it is to be guided by our impressions.

I don't want to try to imitate the Chinese and describe five hundred different kinds of pulses for I probably could not do it, but I want you as nurses to remember some fundamental things which are self-evident but which are often forgotten.

In the first place do not be misled by an apparent weakness of the pulse or encouraged by an apparently strong pulse. A weak pulse in a person generally feeble who is lying low, without any demands on the circulation, may be a conservative pulse for that person because it does not use up any energy and gives the patient a chance to recover. So a weak pulse that is not rapid in a feeble person is not alarming and not to be treated as such. The thing to be considered when the pulse is weak is not whether the pulse can be made stronger because the pulse is only a wave motion transmitted from the heart. The thing to be considered is whether the blood is circulating properly; that is determined by the effect on the essential organs of the body. When I am teaching students, I repeat over and over again the signs of circulatory failure. These are shortness of breath on account of the deficiency of the blood supply to the lungs, swelling and tenderness of the liver because the blood is not pumped out of the liver, and dropsy.

Therefore, if the patient can lie down in bed and breathes quietly, is not tender over the liver, and there is no dropsy, ninety-nine times out of a hundred that patient is not in any danger from circulatory failure, and there is nothing to worry about because the heart is not sending big waves along the blood vessels to make a pulse.

On the other hand, a patient may have a pulse which is very hard and bounding which seems to be very strong—easy to feel and see and count—but that patient may be

short of breath, have congestion of the liver and dropsy, and is in danger of circulatory failure and needs to be attended to.

Nurses often make the mistake of applying stimulation to weak patients to make the pulse stronger to feel, and it is a very foolish thing. It is not done so much in medical work as in surgical work. The foolish stimulation of the patient does him harm, and really wears out the heart and disturbs the circulation, making the chances of getting a real circulatory failure greater.

So remember that as long as the patient breathes well, has no congestion, and the blood is circulating properly, you need not worry about the character of the pulse.

There is one sign of circulatory failure that is of more importance than any other, and which the nurses should always watch, and that is, an increase in the rapidity of the pulse. If you will examine the charts of any one of fifty patients who have died with exhausting diseases or acute diseases, you will find that the failure of the heart was often characterized by an increase in rapidity. So that if the pulse averages 80 one day, 82 the next, 84 the next, 90-100-110-115-120-130-140-160—if the heart is becoming progressively rapid, that is always a very serious matter and should receive the utmost attention.

In considering this increase in rapidity, you have always to discount the presence of fever, because the two things that make the heart rapid usually are fever or weakness of the heart, so that if there is no increase in fever and the heart becomes gradually rapid, it is a serious sign.

Then it is particularly important in these cases, where we are paying so much attention to irregularities, to note any irregularity of the pulse, and describe it as best you can. Ordinarily irregularities are of two kinds: The lost beat and the extra beat. You will get a good deal of interest in examining your patients and making up your mind which is which.

"Lost beat" means that one of the beats got lost somewhere between the auricle and ventricle very often, or else that it did not originate at all. Now that is not the ordinary form of irregularity.

The ordinary form is the extra beat.

We have a beat, and then a little beat, then a long pause, and then a very big beat, and then a regular pulse for a while.

This is the ordinary form of irregularity which exists in a large number of people. I daresay if we could feel the pulses of all of you nurses we would find at least one person who once in a while had an irregularity of that kind. It is very common; it is not a lost beat at all; it is a little beat that comes too soon. It uses up the energy of the heart so that there is an extra long pause, then an extra big beat, and then the heart goes on regularly. This is called an extra systole. If you feel very lightly you can feel the little beat sometimes. You feel many regular beats, then a little beat, and then a long pause; that is extra systole. There is apparently a beat lost because the beat is so small that it is often overlooked.

These are the two ordinary forms of irregularity. The form of which I have just spoken is of no particular importance. People have it who live to be a hundred years old and it does not affect them.

The lost beat is generally of some importance. We find it in people whose hearts are giving out. If you notice the heart of such a patient, you notice that you get lost beats. The heart fails to contract and the beats are dropped out. Of course, that is very often a serious matter. This may mean a heart that has lost its excitability and cannot respond. So the lost beat is important, though when you feel the pulses they may feel just alike.

In feeling a pulse you must not be misled by the difference in pulses which can be accounted for by the difference in the character of the vessel itself. In young people the vessel is very soft, and in old

people you know the vessel is very hard. In young people the blood pressure is low, and in older people it is high. As you have often seen, and as I have just said, an old person may show signs of failure of the circulation, and yet have a strong pulse; a young person may have no signs of failure of the circulation with a weak pulse, so you have to discount this fact.

Always remember the importance of the circulation. If the patient's circulation is carried on badly, he always has shortness of breath, dropsy or congestion of the blood somewhere. Try to remember the distinction between the pulse and the circulation.

The different kind of pulses are not worth detailed discussion. You have all felt the pulse of aortic regurgitation where the pulse is like pieces of shot rolling under your finger, the pulse going up and down very quickly.

You know the character of the pulse where there is mitral stenosis, where the quantity of blood that is circulating is very much diminished because of obstruction in the heart. You know the compressible pulse of fever patients, and in pneumonia you know how deceptive the pulse is because the pulse at the wrist may be very good, and yet the pulmonary circulation may be very near to failure.

The lesson I would like you to carry with you is not to draw too definite a conclusion from your own opinion as to the quality of the pulse—whether it is good or bad. Try to record and remember definite things, particularly the increasing rapidity not accounted for by fever. Watch for signs of circulatory failure and never neglect

them; any patient short of breath is worthy a great deal of attention.

The counting of the pulse is a thing worth a good deal of attention, and is a matter that will often surprise you. I am surprised sometimes to this day by a "quick slow pulse" or a "slow quick pulse." Some pulses give the impression of a much greater rapidity than they have, and other pulses on account of the character seem to be rapid when we actually count that they are slow. So the only criterion is the actual count.

Another point is that if the pulse at the wrist is not actually felt, as often occurs because the radial happens to be deep, it is just as readily taken at the temple or in any accessible artery, because the blood wave passes through the body in a small fraction of a second and you can count the pulse where you please.

It is a good plan to be careful because I have noticed in a great many cases the pulse is recorded wrong for the reason that the nurse has only recorded the pulse as she felt it at the wrist. Now in irregular pulses what we want is the actual number of beats. We do not want the big beats. We want all the beats as nearly as possible. I would so much rather see the report, "The pulse is not easily counted," or, "The pulse cannot be counted," or, "The number of appreciable beats is so and so," than a record of the big beats only. It is better in describing anything to describe it in full as you see it and not use too much condensation. It is always better to waste a few words in describing anything than it is to try to squeeze unusual facts into a conventional description of things.

The Nursing Management of Exophthalmic Goitre

DR. KATE LINDSAY

EXOPHTHALMIC Goitre, or what is known as Graves' or Basedow's disease, is characterized by a variety of symptoms, the most common of which are tachycardia, or excessive heart action, enlargement of the thyroid gland, tremors and exophthalmos, or bulging of the eyes. There may also be present serious gastro-intestinal disorders, mental disturbance, amenorrhea, dysmenorrhea, and rapid loss of weight.

The disease is said to be more frequent in females than in males, in the proportion of 5 to 1. The thyroid gland in this disorder is over-active and produces what is known as hyperthyroidism, resulting in an intense toxemia, which causes grave nervous and nutritional disturbance of the whole organism.

The most common age for this disorder to develop is between fifteen and forty, although cases may appear both earlier and later in life. The exciting causes of the disorder have not yet been discovered, but modern research has brought to light many facts about predisposing causes, such as gastro-intestinal sepsis and nerve strain.

Many young girls at commencing puberty have a hyperemia of the thyroid gland; each month at the menstrual period the thyroid enlarges, and there are digestive disturbance, extreme nervousness and irritability of temper, and over-rapid heart action.

Whether such cases go on to the development of exophthalmos, or the patient make a good recovery, depends on how they are managed. First, these girls need rest. Out-of-door air, cold to the throat and over the heart to stop the tachycardia and relieve the intense thyroid hyperemia, are essentials in good management at this time. They also need most careful dieting to prevent intestinal sepsis. The Weir Mitchell rest cure for a month or six weeks is often prescribed, then graduated out-of-door exercise, which

must be taken systematically, always stopping short of fatigue and of over-exciting the heart or causing hyperemia of the thyroid. Many of these patients get well without any special treatment, only a change of environment, or work. But as there is a tendency to develop exophthalmos under nerve strain, it is always safest to give these girls the benefit of a year out of school, spent in the open air. In the end they will be likely to get a better education than if they struggled lamely along, trying to half keep up their grades, only to entirely break down in health and be semi-invalids for life; or develop true ophthalmos and perhaps lose their lives in a few months.

Exophthalmos may begin as an acute disorder or the onset be insidious and chronic from the first. When the onset is acute and severe, the patient may die in a few days, or may linger for six months. About 10 per cent. of these cases are said to die within this period, either from the exophthalmos or some complication, as pneumonia or tuberculosis.

Under proper hygienic treatment about 30 per cent. of these acute cases recover completely. The other 60 per cent. terminate in a chronic form of the disorder, and either die of some intercurrent disorder, or by care live on in a semi-invalid state, or come under the care of the surgeon. A large percentage of the cases are benefited by partial extirpation of the over-active gland, or other surgical procedures for lessening the blood supply of the gland.

For the treatment of the acute cases Musser and Kelly, in their recent work, "Practical Treatment," give four points to be observed strictly—namely, rest, out-of-door air, cold and diet. The rest cure tends to lessen the heart's action and decrease the hyperemia of the thyroid.

It is often hard to get proper rest for the working girl or the busy mother, yet it is important that everything be done to reduce the work of the heart and sedate the nerves. A rest in the recumbent position, at least twice a day, with an ice bag over the heart, and also over the thyroid gland, will lessen the nervous tension, and be a great help in modifying the most disagreeable symptoms.

If the nurse has full charge of the case under the direction of a skilled physician, she can regulate her patient's daily life, and environment, so that there will be the minimum of strain on the heart. The application of cold will assist very much in lessening the over-activity of the thyroid gland, which is flooding the patient's body with toxins, because of the over-functioning which is present.

We do not yet know what the true exciting cause of exophthalmos is, but we do know that two conditions favor the onset of an acute attack. These are nerve strain from overwork or any shock, as well as a condition of intestinal sepsis, due to indigestion, catarrh of the bowels, constipation, or any other disturbance or irritation of the alimentary canal. Constant mental worry and fretting often make the case worse.

The nurse can do much for her patient by carefully regulating her diet under medical supervision. The physician, of course, will prescribe the amount and kind of food the patient should take. The nurse's part consists in preparing it in appetizing forms and seeing to it that the prescribed diet is given at proper intervals and in proper quantity. This is a very important matter, as such patients often have perverted appetites, and frequently a decided disinclination for food.

Because of the toxemia, due to the over-functioning of the thyroid, these patients usually lose flesh rapidly and become anemic; unless their nutrition can be improved the outlook in the case is very grave.

It takes tact, skill and a practical knowledge of food qualities and food adulterations,

as well as food preparation and serving, to diet an exophthalmos patient properly. The nurse who can so prepare and serve her patient's meals as to stimulate an appetite for food, and finds by the scales that the patient is making a daily or weekly gain, without upsetting her digestion, has done a great deal toward promoting the patient's complete recovery. For remember that 30 per cent. of the acute cases do recover under proper hygienic treatment, and the chief agent in administering this treatment is the nurse.

It is well if the patient can sleep out-of-doors and be out-of-doors most of the time. A cool climate is best. In hot weather the patient's room should be kept cool and shaded, as the intense heat of the sun tends to over-excite the nervous system. The use of cold and ice bags over the heart and to the thyroid gland must be regulated by the tachycardia and hyperemia of the gland, and the quieting effects on the patient. Many patients cannot bear the cold directly over the skin, and have to be educated to endure the icebag by putting several layers of cloth under it. These can be removed a layer at a time.

Often a change of climate does good, as from the seashore to the mountains or the reverse. No special climate is specific.

In the matter of bathing, patients should never indulge in sea bathing, or take any bath that will produce a shock, either hot or cold. Warm or tepid sea water, tub baths and sponges are good, also tepid packs and sponges. Often such a bath taken at bedtime and a soothing rub will procure for the patient a good night's rest. As in the matter of food preparation, it requires a specially resourceful nurse to get the proper amount of sleep for these patients.

There is much in the nurse's personality as to her being successful in the treatment of these cases. It should also always be remembered that only 30 per cent. recover under the best management. There is also the

grave fact that 10 per cent. of these acute case die in the first six months, and only 30 per cent. recover under the best of care. This leaves 60 per cent. of the acute cases which gradually become chronic, as well as a still larger number of cases which begin insidiously and are chronic from the first. The best of hygienic care will not cure these cases, although much can be done to improve the patient's condition. Often other diseases and complications which develop may be palliated and sometimes cured. Among these are chlorosis, pelvic diseases in women, also various nervous disorders. Intercurrent diseases may complicate these chronic cases of exophthalmos, among which are pneumonia, diabetes and other like disorders. In fact, most of the deaths are due to some of these complications in this disorder.

Many remedies have been tried in these cases, with reports of success in certain individual cases. Iodine has seemed to do good in some cases. Various serums have been tried, but none so far have proved satisfactory. The thyroid extract, so successful in the treatment of hypothyroidism, is not usually indicated, except in selected cases. The Roentgen Rays, X-rays and all forms of electricity have been tried without marked success. As a rule these chronic cases either linger along for a few years to die of heart failure or some disease complication, or are induced to undergo an operation. The mortality during the operation is about 2 per cent. A large per cent. of those who survive the shock are much benefited. But it would be too much to say that they are entirely cured.

Of course the use of all medicinal agents, as well as the recommendation of the patient to the surgeon, should be under the direction of the attending physician. But when the

medical attendant has decided upon any measure for the cure or relief of the patient, the nurse in charge can do much to second his efforts. If the patient is nervous and timid about submitting to an operation, she can talk courage and hopefulness to her. I have seen a tactful, courageous nurse inspire a weak, nervous patient with so much hope that the operation would be successful that she went on the table without a tremor and took the anesthetic without a struggle, and though from her physical weakness not a very hopeful case, the patient did well and made a good and satisfactory recovery.

The nurse in care of young girls at puberty, when the thyroid begins to swell and the patient has tachycardia, can by advising medical consultation and rest often save a patient from an attack of exophthalmos. In case of an acute attack of this disorder, she can abet the physician's efforts to cure the patient in the first three months by carrying out his directions as to measures for rest, outdoor air, cold and diet. It will often depend upon her efficiency and ability in managing the patient whether the case recovers, dies in the acute stage or becomes chronic.

A certain number of cases will be fatal, at least until we know more about the causes of the disease. But the nurse can have the satisfaction of knowing that by being skillful in discharging her responsibilities she can save a fair percentage of acute cases, and modify the symptoms in the chronic cases so that the patient's suffering and discomfort will be much lessened. When all other remedies fail she can prepare her patient's mind for a surgical operation and have her mentally and physically in good condition to undergo the operation successfully. This should be the aim of the nurse who is caring for a case of exophthalmos.

Clinical Studies With Nervous and Mental Patients

LUCY C. CATLIN, R.N.

III. SUGGESTIONS FOR THE NURSE'S CARE

REFERENCE was made in the first paper to the high type of mental ability required in the nursing care of nervous and mental patients. To know what to say, or what not to say, when and where to speak the right word, to be able to interpret the mind by observing word, look and action of patient, calls for a nurse who is alert, sympathetic, intelligent. With such a one in charge of a private case, or of ward patient, the doctor will find a true co-worker, and best results will be obtained. The true spirit of service must never be wanting, or else a nurse's influence over the patient will be lost.

The work with the physically ill is more or less routine and mechanical. There are certain definite things to be done which bring more or less definite results. The mental patient is influenced by the degree of interest you show in his welfare, your optimism, your patience, your kindness; in fact, by your whole spirit. Never allow yourself to use the words "crazy," "cranky," "dippy," "dingy," or other common epithets, in speaking of mental states; it displays a lack of sympathy which unfits you for service. Let your attitude be the same toward the sick mind that it is toward the sick or injured body, that of the truest sympathy the word can imply. A nurse thus equipped at the very start has the foundation for success in this line of work.

"Kind but firm" must be your golden rule, and at all times keep before your patient the fact that whatever you do is for his good, even if it seems at the time to be harsh treatment. Forced feeding, with its accompanying struggles, will be considered a

kindness by the patient when he recovers; likewise the necessary confinement and deprivations during the course of treatment. Consequently, it is all the more necessary that you should be sure that all you *are* doing, *is* for his good, as far as you are able to determine at the time. Your motto will guide in almost all the details of management, and remember that to be firm means to be steady, not vacillating, harmonious in plan and action. Allowing today what was denied yesterday gives your patient courage to ask for still more favors tomorrow, and before long you will find he has worked his own way out of your control. On the other hand, if you are steady in your whole plan of management, he will conform to your ways, because he sees that nothing else is expected of him.

Non-indulgence is a part of the treatment; the reason a nurse is employed, or the patient is taken to a hospital or institution, is to get him away from the influence of over-indulgent friends, which is a factor that has contributed largely to his mental breakdown or, at least, stands in the way of his recovery. Often the kindest thing you can do for your patient is to deny the many requests and appeals he makes. The denial is not made to work a hardship, but for his own good, as he will realize later. Indulgence is an injustice, and antagonistic to right treatment; it inculcates the principles of selfishness and cultivates a lack of self control.

The work of the nurse, with the help of the physician, is to re-educate, especially during the convalescent period. Through non-indulgence and an expected conformity

to the nurse's will, you will teach him self-control. Help him to have confidence in himself and in others; your own treatment will help to bring this about. If he sees that you use no subterfuge or deceit, but are honest with him, that you do not threaten what you cannot, or do not expect to carry out, you commend yourself to his confidence. Do not punish or put that construction upon anything that is required or done in the management, especially if your patient is older in years and worldly experience than you are. He resents such treatment and your influence over him is lost.

In the course of re-education, teach him that he has a duty to himself and to others, that he is a part of a community, and an important part. If suicidal tendencies are present, a strong point must be made here, as there is always something for every one to live for; one's duty to himself, to his family and to his fellow-men, should place safeguards about such a patient, and should be constantly kept before him. The writer recalls two cases with marked depression and suicidal tendencies, both now fully recovered, where, day after day, week after week, and month after month, these things were reiterated by doctors and nurses. At the time our efforts at re-educating the faulty functions of these minds seemed hopeless, but in the end there was victory which repaid us for all our labor, for both have been restored to their families to fulfill their mission of support and comfort.

As far as it is possible put confidence in your patient, especially at the beginning of improvement, thus stretching out a helping hand, as to a blind man groping about to find the way. On the other hand, let him understand that you are alert to his plans and schemes, and that your confidence in him only goes as far as he proves himself worthy. Sometimes it is best to lay bare his illegitimate schemes in order to prove that you are justified in your lack of confidence.

The nursing care of the patient and the patient's room has not a little influence on his mind; therefore, attention to these details is important. We are all more or less creatures of habit, and the nurse's regularity, order, thoroughness in carrying out details in the daily routine helps to cultivate these habits in her patient. Some graduate nurses are so intent upon following the regular routine of the day that they waken patients from a much-delayed rest, in order that the bath may be given at the precise moment for which it is booked. They must follow a rule, long pounded into their heads during their hospital training, that patient and room must be in perfect order by nine o'clock in the morning, the usual hour for doctor or superintendent to make rounds. This is all done regardless of varying conditions in the patient or the home, and with no other reason than that it is a hospital practice. With mental patients this regularity and order is an important factor in the educational process, and should be followed out, except in extreme circumstances, being a part of the whole harmonious plan and action.

It is poor policy to consult a patient as to necessary care and treatment; he should learn that the routine laid out by the doctor is to be carried out, and in case of too much resistance on his part, force will be used to accomplish the work. Just here a nurse may be successful where friends fail.

You are called to care for a mental case in a private home, and told that no one in the family has been able to persuade the patient to take a bath for two or three weeks, as the case may be. How have they gone to work, and what is the cause of their failure? Today mother will ask Jennie if she does not think she had better take a bath. No, Jennie is not ready yet. Tomorrow some other member of the family will suggest and argue, but to no avail, so each day the process is repeated, but the patient still refuses, because of some delusions, or an

aboulia, or negativism present. She is not mentally capable of knowing what is right and good for her, yet her friends are endeavoring to force her to a decision.

You take charge of the case, establish a routine, go quietly about your work without argument or discussion or consultation with the patient, and you accomplish what is necessary in her care and treatment. She soon finds that she is expected to conform to your will, and opposition is useless; in fact, her perverted will must be supplanted by yours that is normal. The friends marvel at the change, and cannot understand it, but the solution is a very simple one, and easily applied.

In case of persistent resistance on the part of the patient, when force becomes necessary, never attempt anything without sufficient help to insure the accomplishment of

the task that is undertaken; otherwise you wear yourself out and jeopardize your future control of the patient.

Is it not clear, therefore, that the nursing of mental cases is a re-educational process, changing the habit of thought, getting the mind out of the vicious circle into which it has swung; in fact, bringing about a revolution in the mind's realm. Like a child, the patient is easily susceptible to outward impressions, and the process of re-education is similar to the early education of a child.

Just as much care must be shown in choosing the kind of influences that are thrown around the mental patient as those that are brought to bear in the training of the child, and the nurse leaves her stamp on the patient, just as a mother or teacher makes her impression upon the child.

PORTALS OF ENTRY OF THE TUBERCLE BACILLUS

In the *British Medical Journal* E. Emrys-Roberts states that there exist portals of entry of the tubercle bacillus that have long been recognized. For example, no one denies the transmission into the lungs of tubercle bacilli suspended in air in minute particles of moisture or in dust. Recent experimental evidence has amply demonstrated this very important avenue of infection, and has incidentally shown that the number of bacilli required, all things being equal, to set up pulmonary tuberculosis, is relatively small as compared with the number necessary to induce tuberculosis elsewhere—as, for example, into the intestinal tract. No one questions transmission through the intestinal tract, especially in infancy, and here, again, experimental evidence shows that not only may the bacillus induce a lesion in the gut, but may enter the

intestinal wall without producing a lesion at the seat of entry. No one, again, questions transmission through the naso-pharynx; there is ample evidence, both clinical and experimental. Transmission can occur also through the skin. Experimentally, transmission through the unbroken skin has been demonstrated. Lastly, one reaches the antenatal avenue of entry. Omitting for the present this last portal of entry, one may say, with Calmette, that “the more frequent channels of invasion are the mucous membranes of the natural cavities of the body, particularly the digestive and pulmonary epithelium, and to these may be added the naso-pharynx.” Whether one can go further with him and say, “of these the digestive path is the one most commonly chosen,” is, according to the author, open to question.

The Nursing of Children

MINNIE GOODNOW AND ZULA PASLEY

CHAPTER III

GENERAL CARE OF A YOUNG BABY

TEMPERATURE—As long as a nurse has the care of a baby she should take its temperature twice a day simply as a precaution. In the morning just before the bath and at bedtime in the evening are convenient hours. Use the rectal thermometer with a large bulb rather than the ordinary sharp-pointed one. Put oil or vaseline upon it, insert gently and hold carefully in place till it has registered.

Take pains to teach the mother how to take temperature and explain to her its significance. Warn her against over-anxiety, teaching her that high temperature in a child means far less than in a grown person.

Weight—The baby should be weighed regularly, even after it is thriving well. During the first month of life it should be weighed daily; after that once a week is sufficient. The weight should be observed without the clothing, simply because it is more accurate. If a towel is used inside the scale, it should be allowed for. An ordinary grocer's scale will be found more accurate than the rather expensive ones usually sold for weighing babies.

A weight chart should be kept for each baby. This is much like a temperature chart and gives a graphic picture of this all-important matter.

Many nurses have no clear idea of the causes and meaning of the child's initial loss of weight. It is due to evaporation, to elimination, and to lack of food. It usually amounts to nearly a pound, but may be as little as half a pound or may run to one pound and a quarter. The amount lost is of less importance than the time over which it extends. The child should cease losing

by the fourth or fifth day and should begin to gain by the end of a week. There may be no gain for several days without its being at all a serious matter, but if loss continues beyond the sixth day it is reason for anxiety. So, later, a child may not gain for several weeks without anything being radically wrong, but if he loses the matter should be taken vigorously in hand.

Lifting and Handling—It ought not be necessary to say that a baby should be handled carefully. Care means skill more than actual gentleness. A baby will be less injured by what seems like rough handling than by some well-meant but stupid mode of lifting. For example, there is nothing really wrong about picking up a child by its feet, but it is almost criminal to lift it by its arms. (Fancy how you yourself would like to be lifted from bed in this fashion.)

To lift a baby properly, the head and back of the neck should be supported by one hand, while the other grasps the clothing at the feet or just below. When a child is lifted without its clothing, it should be grasped by the ankles, a finger being placed between them to avoid pinching.

In dressing, do not lift the baby, but roll it, exactly as you would a grown person. All garments should be put on over the feet, never over the head; the latter method is injurious to both eyes and temper. When one garment can be slipped inside another and the two put on at one time, it should be done.

Carrying—The correct and comfortable way to carry a baby is not the usual cramped position in the arms, but it should be carried over the hip, face downwards, with the nurse's arm under its abdomen. This gives



PROPER WAY TO HOLD BABY

absolute freedom of movement and is easier for both child and nurse. It has the advantage of leaving one of the nurse's hands free for the opening of doors, etc. The method is rather startling to the laity, but is the one taught in the best hospitals. It is equally convenient for carrying older children.

Excretions—The nurse should familiarize herself with the character, amount and frequency of the baby's normal excretions and should teach the mother to recognize anything wrong.

The urine should be practically colorless and odorless and the quantity considerable. If it be colored or scanty, give large amounts of water to drink, and the matter will right itself.

The bowel movements should be bright yellow or orange in color, a soft, unformed mass. Tiny white curds are not abnormal, but if they are large and hard they should be shown to the physician. A formed or pasty stool, one pale in color, a green or watery stool or one containing blood should be reported. If the bowels move well once a day

it may be sufficient. Five or six movements a day, if they are normal in appearance, need not occasion uneasiness.

Control of Excretions—Training in control of bowels and bladder may begin as early as the latter part of the first month. The child may be placed on a small jar or bowl at frequent intervals, as often as once an hour at first. Twice a day a small soap or glycerin suppository may be used, or the simple insertion of an enema tip may be sufficient to start the rectal reflexes. This training seems a slow process, but the child learns after a time to associate the position on the jar with the reason for it, and the trouble taken at first is well repaid by the lack of trouble later. Many instances can be cited where a baby rarely had a soiled diaper after the age of three months, nor a wet one after six months.

Medicines—Laxatives, even the simplest, should not be given without the advice of the physician. The same rule should be made for all other drugs and for all sorts of teas, or, in fact, anything which is not food



PROPER WAY TO CARRY BABY

nor water. The practice of dosing the baby, even with harmless remedies, often lays the foundation for future stomach and intestinal troubles.

Enemata—A simple enema may be given upon the nurse's own responsibility. Warm water is usually sufficient, though a little weak soapsuds made from white soap may be used if it seems necessary. In cases of diarrhea nothing is better than a cold enema, and the nurse may give this before she sends word to the physician.

A convenient way to give an enema is to place the baby on a douche pan, with a firm pillow under the head and shoulders. This is comfortable for the child, and saves much soiling of clothing.

Unusual Conditions—If the head is out of shape from a prolonged labor, the parents may be reassured in regard to it. No treatment is necessary, though some of the grandmothers were taught that the head ought to be molded into shape. Such deformities rarely persist for more than forty-eight hours, and no harm is likely to result from them.

Forceps marks, unless deep, need no attention. If the skin is broken, or there is much bruising or swelling, the physician's attention should be called to it. He may order a hot application or an ointment. Whatever substance is used should be sterile, as for any wound.

Facial paralysis from forceps, even if considerable, usually lasts but a few days, and need occasion no alarm.

Vomiting of brown material ordinarily means that the mouth or nose has been bruised during delivery and the blood swallowed. It is not cause for alarm unless there are other symptoms of hemorrhage.

Severe hemorrhages do occur during the first few days. If not checked shortly the baby may not survive a week. There may be hemorrhage from the mouth, nose, skin, stomach, umbilicus, intestines, etc. Astringent applications may be ordered or hemostatic drugs given, but treatment is rarely

satisfactory. Very little is known of the condition which produces these hemorrhages, but they are considered infectious in origin.

Hemorrhage from the vagina is not uncommon. It should be reported, but no treatment is likely to be ordered unless the flow is profuse or long continued. This condition is incorrectly called menstruation. If a douche is ordered, it may be given with a small glass piston syringe.

Hematoma, a collection of blood under the scalp from an injury during delivery, is best left alone. It may persist for months, but usually takes care of itself.

Milk sometimes appears in the baby's breasts during the first few weeks of life, more commonly among male children. It should be reported and a snug bandage may be applied, but the breasts should not be squeezed nor handled roughly. The nurse should watch for any marked enlargement or pinkish coloring, suggesting infection.

The so-called "blue baby" is a child whose blood is imperfectly oxygenated. It was formerly supposed that the trouble was due to lack of closure of the foramen ovale, but it is now claimed that it is caused by obstruction of the pulmonary orifice. The condition is commonly fatal and if the child survives it is likely to always be frail. The treatment is utmost quiet and careful feeding.

A more or less detailed report of the baby's condition should be made to the doctor each day, whether he asks for it or not. The physician assumes that the baby is doing well, unless the nurse informs him to the contrary. Any unusual condition should be shown to the physician, not simply told him. As a preventive of misunderstandings, it is wise to have the doctor see the baby at each visit. Do not ask if he wishes to see it, but bring it in or call his attention to it as a matter of course. Neglect in this may lay both doctor and nurse open to serious criticism in case anything goes wrong.

Why We Have Patients

IRENE A. FORDE, R.N.

AS THE big hands on the Metropolitan clock pointed to ten, I turned out the ward lights, tied a green paper around my desk light and sat down in the hard enameled chair to "write up" my charts.

As Ward A-4 was running "light," I began to read the "histories" that were attached to my temperature sheets. These histories—which are written up by the internes—record the habits of our patients, their previous illnesses and the family records of any of the "hereditary diseases."

When I had finished reading the twenty charts I had to admit that most of my men were "patients" through ignorance or carelessness.

In bed No. 1 was a boy of twenty, a carpenter's helper, doomed to idleness by what he called an "athletic heart." For eight hours a day he had lifted huge boards, carried heavy tools and used up the strength given him for labor; then, after a hastily swallowed supper, he had donned his running togs and trotted three or four miles, "training" for a local marathon race.

In the next bed was a man of twenty-five—a waiter, wild-eyed and delirious with alcoholic pneumonia. The omnipresent pneumococci had "looked" him over and found that his alcohol-sodden lungs were just what they were looking for. Soon the whole Pneumo family had moved in and set up in business defeating the white corpuscle door man en route.

In bed No. 3 was a stout, red-faced, good-natured Irishman named Sullivan. He suffered agonies with his hot, swollen joints. His diagnosis card was marked "gonorrheal arthritis," the name itself conveying the cause.

A "wap" who dived deep in wet sewers and ate much red meat was dozing in bed

No. 4, with twisted fingers clutching tightly at his rheumatic knee.

In bed No. 5 the white-haired poolroom helper was just awakening to the fact that the pink rats and purple cows that had been turkey trotting past his bed were not real, after all.

Down at the end of the ward, overlooking the river, were my three "typhoids"—doomed to weeks of that slow, wearing fever by the carelessness of a milk handler in a nearby delicatessen store.

And so it goes—the ever-present testimony of man's inhumanity to man; of criminal carelessness, of ignorance, and of superstition.

Over in the female wards we find the same story; there, too, we see the slime of the black plague, the crimson banner of tuberculosis and the sorry consequences of long hours of standing. Half-cooked food; strong, badly made tea and coffee, patent medicines and strong cathartics have each helped to keep our wards filled.

The contagious diseases are on the wane here, because they can be kept track of, but the constitutional diseases are still doing business at the old stand.

Did you ever take a walk through a store or factory at lunch time? If you have you will only wonder why it is that the whole race is not a dyspeptic one and you will understand why the little bottle of soda mints has such a prominent place in every drug counter. Just take a peep into some of the lunches and see with me: In one—charlotte russe and pickles; in another a cheese sandwich and bananas and in another pumpnickel and a stuffed pepper. Even when the boys and girls are brought to the hospital as a result of this diet, their kind friends will smuggle the same dainties

to their bedsides. It takes an eagle-eyed attendant to stop at the ward door a couple of pig's feet neatly wrapped up in a candy box. It isn't very long ago that one of my gastritis patients hid under her pillow a piece of liverwurst that had been smuggled in with a clean bed gown!

New York City is wonderfully good to its sick poor when it can reach them, but there are thousands and thousands who do not *want* to be reached. They will tell you that they are not sick, but are only "miserable," and by the time they reach our hospitals it is too late to start them on the right road.

Appendicitis has often been called the disease of the rich, but the East Side has it, too, though it doesn't cost them as much. The girls sit on their factory stool from eight to ten hours a day, then take the Subway or crosstown cars to their homes. All the walking they do is from the home to the car and from the car to the office. Before they go to bed they take a big black pill or "a good dose o' physic." In a little while their tormented intestines revolt and the news goes 'round that "Mamie has the 'pendicitis something fierce" and it's a hurry call for the 'bus. Mamie spends the rest of her days trying to remember when she ate grape seeds, and finishes up by blaming the unsuspecting tomato with its tiny seeds.

On every hand we hear about the high cost of meat, but even with the price aeroplaning among the clouds, the East Side "has their's" at least once a day. And it's red meat—the cheap cuts that Fifth Avenue never sees. "Father works hard all day and he needs his wee bit o' meat at night," we hear. He gets it—and then he cusses around the house with rheumatism until wifey tires out and sends him to us.

When baby comes along the "handy woman" is called in to do the housework

and take care of the mother and baby. In about a week she goes away and the mother with the baby on her arm totters around to do the housework—sometimes the week's wash. In about a month she wonders why she isn't getting stronger; she begins to think that she is weaker than she was when she got up—and she is. Then she comes to our gynecology ward to get fixed up, while baby is left over in the nursery.

When the hot nights begin to drive the kiddies to the fire-escapes our fracture wards fill up. Every day a small paragraph in the daily papers tells of "Another baby falls from a fire escape." In the daytime they swarm out into the streets, under the hoofs of horses or the flat wheels of hurrying motor cars. Some of them are killed; some come to us and are discharged in a few weeks to swell the army of quasi-beggars disguised as peddlers of chewing gum, collar studs and pencils.

Last winter a little Italian was brought in to my ward with a fractured leg, and his mother wept bitterly as I ripped up the leg of his heavy "fleece-lined" drawers, as he had just been "sewed up for the winter!" You can imagine how sweet he would have been when he was "opened up" in April!

The magazines and present-day novels have been fighting for more knowledge and the reading public are beginning to show the results of this health crusade. It is the vast army of non-readers that fills our public hospitals now—the educated people get back to nature.

I really think the time will come when the vast sum now expended for our sick will dwindle to nothingness and that a much smaller sum will be paid out as a "preventative measures" fund, instead. When that day comes our nurses' training school will merely be a college of "teachers of health."

Posters for Nurses*

OBSTACLES were made to determine your ability and develop your strength. You can't gain strength going down hill. Many a life has been lost because some one gave up. When you are up against a stone wall quit butting your head against it, and figure out how you can climb over it, tunnel under it or go around it. We see people every day who are bound for the cemetery because the fellow who saw them before we did did not try hard enough to hold them back. We only see a few go to the end of the journey which they are started on. We all get sick a lot of times, we only die once. Learn how to live.

Start every day right by invoicing your resources. Don't begin by hauling out all your weaknesses. Every one of you have enough good qualities to make you of value in the world. Be glad that you are alive and can help some one. Be cheerful; walk erect; hold up your head. You have a right to be proud. Today you are going to do three of the greatest deeds in the world. You are going to prolong life, create hope and relieve pain.

You must expect complaint. Sickness consists of complaint; some organ or system of organs is not working correctly and complains. Most patients continue this complaining in their actions and words. That is only natural. If they did not, you wouldn't have your job. They would feel well and there would be no sickness in the world. Learn to sort out and attend to all essential complaints, and do not allow yourself to become fretted by inessential ones.

Whenever you fail to satisfy a patient's

complaints, both physical and mental, go out and have a serious think with yourself. Find out why you failed. And when you find that the fault was your own put up a memory tag that will keep it from occurring again. Then forget the failure.

Don't stop trying to serve a patient because you fail once or twice. The experience in self-control will do you good; besides, it may eventually win the complainer over as a friend. It will at least give you the satisfaction of having done your duty and that is oftentimes all we get out of much of our work in this world.

Tact is one of your biggest assets. It will smooth out many a troublesome road. Don't confuse it with at-tack, though. They are as different as silk and sand-paper. Do the best you can, then let the world do the rest, but be sure it is your Best.

Before you serve your patients put yourself in their place. Imagine how they feel, what they think about and what they need. Remember how limited their horizon is. How little they see but themselves. Remember the last time you were sick, and how worried you became, how peevish you were and how fault-finding. Then go to the patient and do for them as your conscience dictates.

Don't get cross because your patient does. Be patient with him. Remember one person cannot fight alone, but two cross persons always will. If you cannot do anything else keep still. Your example in self-control will be worth something. Any one can complain; only the great can bravely meet adversity.

* Prepared for the Nurses of Sawyer Sanatorium, Marion, Ohio.

The Pneumonia Patient at Home

CARRIE SLATER HOLMES

IT IS not so very many years ago when to be called to nurse a pneumonia patient was to undertake what would very probably prove to be "a hopeless case," so high was the death rate in this disease. It is still one of the most-to-be-dreaded of diseases, but we have come to assume a more hopeful attitude toward it in recent years. The days of continuous poulticing, of keeping the patient warmly wrapped and in a warm room for fear he "would take more cold," of shielding him from draughts, of thickly-padded "pneumonia jackets," and diligent dosing with various sorts of medicine, some one of which it was hoped would "reach the spot" and cure him, have passed, though we find all of these traditions clinging to some of the homes to which we are called.

To combat these traditions is often the first thing the nurse will have to do. Her manner of doing it will give a pretty good idea as to the measure of her resourcefulness and tact. The doctor's attitude will help or hinder. In some homes she will be regarded as "trying to kill the patient" if she insists on opening all the windows, taking off some of the surplus bed clothing, and doing other similar duties which seem to her a necessity. Nothing needs quite so much tact and patience to combat as "traditions" in regard to sickness.

What are the things which she should be especially careful about? While individual cases require individual planning, yet there are some few general principles of nursing that apply to all cases.

1. The conserving of the patient's strength in every possible way till the disease has run its course, as it will usually in from five to nine days, is a necessity. This means avoiding all exertion, above that which is absolutely necessary, and especially any sudden movement. It means that

friends must not be allowed to cause the patient to waste strength in talking; that children are not allowed to run in and out of the sick-room; that mental exertion, as well as physical, is to be prevented.

2. Give the patient all the fresh air possible, but avoid draughts. The success that has attended the use of the cold-air treatment given on porches or balconies or roofs, has clearly shown that this is one of the essentials to success in nursing pneumonia in home or hospital. To accomplish this without antagonizing the family is often difficult, but it can be done. As good results have been obtained by keeping all the windows in a large, well-lighted room wide open.

3. The patient should not be allowed to lie in one position very long at a time, owing to the danger of increasing the congestion in the lungs. The position should be changed with as little exertion as possible.

4. Much strength is wasted in ineffectual coughing. Relief is often afforded by keeping the air moist or by arranging for steam inhalations, such drugs as creosote or eucalyptus being added to boiling water. The steam can be inhaled through a cone made of paper.

5. See that pneumonia patients are allowed to gain all the strength that is possible through sleep. Sleep is much more important than drugs in most pneumonia cases. The nurse's skill will be shown in the way she combats the sleeplessness which is often a problem.

6. In giving alcohol in such cases, be careful to give only what is ordered. One of the chief dangers is heart failure, and this is more likely to occur in cases which have been over-stimulated. Besides, alcohol is a poison, and added to the poison already in the system, may do harm if too much is given. Friends need to be especially cau-

tioned about this point, and the dangers explained.

7. As heart failure is to be feared, the nurse should be prepared for emergencies of this kind; should know what the doctor wants done in case such a contingency arises, and should have all needed supplies on hand. It is well to remember, also, that sudden deaths from heart failure have occurred, when convalescence had begun and danger was thought to be over.

8. The food given should be such as is common in fevers, with special precautions taken to avoid foods which may create gas in the stomach and make breathing still more difficult.

9. The patient's feet should be kept warm. An undervest under the nightshirt

or a light flannel jacket over the gown will help keep the body comfortable in the low temperature which is desirable in this disease.

10. Treatments will vary with individual cases and physicians. Quite considerable success has attended the use of anti-pneumococcic serum. The technique for this treatment does not differ from that used in administering anti-toxins in general. Inhalations of oxygen are often prescribed, and every nurse should be able to administer oxygen without bungling, and without wasting the oxygen, which is expensive.

Lastly, the nurse should remember that the disease is infectious, and take pains not only to prevent the spread of infection, but to teach the family to do the same.

OPEN-AIR TREATMENT OF NAUSEA

Dr. F. L. Barnes, of Texas, believes that the very best treatment for chloroform and ether nausea and vomiting is plenty of fresh air; it is not only essential that fresh air should be supplied in large volume, but it should be kept moving, in order that the nauseating odors of the exhalations may be removed rapidly. His observation has this history: A great many negroes for whom there are no hospital accommodations come to his associates and himself for operations. Originally they had an operating room and beds in connection with their office, but it soon became such a nuisance to have this class of patients continually around the office that they hit on the expedient of having them carried immediately from the operating room to their boarding places. Out of a great many cases handled in this manner, they have never had a single mishap, or a single bad symptom follow the practice. They have never known one of these patients to vomit after being carried out in the open air, and they are almost never nause-

ated. The distance from the operating room to the places to which these patients have been conveyed have varied from one-fourth of a mile to two and one-half miles. Immediately upon the completion of the operation, the patient is placed on a cot, wrapped in blankets, with the face always exposed to the open air, and external heat applied. The cot is then placed in a wagon or hack and driven slowly to the boarding place. If the patient is awake and nauseated when the hack arrives at its destination, they direct that the cot be not carried into the house until the nausea passes off; they also direct that as few attendants as possible be about the patient. They have frequently observed that when they have been a little slow in getting patients out of the operating room, and they later become nauseated as a result, they will immediately become quiet and drop into a peaceful sleep as soon as they are carried into the open air and started on their journey.—*Journal A. M. A.*

On a Homestead

STELLA

"HELLO! Hello!

"Is this Mrs. A's niece? This is Dr. Hart at M—. Have a case out here in the country requires a nurse. Five weeks typhoid. Hemorrhaging.

"Will you come? Very well. Shall arrange to have machine bring you out today."

It was 2 P.M. before the brother-in-law of the sick boy and I started on our forty-five mile ride over the prairies, and it was dusk before we drove into M— for supper, to purchase supplies and consult with the doctor, from whom I gathered that my patient's people, though possessing enough to live upon comfortably, had been trying to manage without necessities. The boy Joseph, aged seventeen, had been ill five weeks before they sent a note to the doctor, very inadequately explaining his condition. The doctor sent medicine, while frankly telling messenger he could do little under existing conditions. The following day he was sent for, to come.

It seems that by hard work and saving the boy had succeeded to the ownership of a pony and three wolf hounds, with which he had planned to hunt coyotes, afterwards to cure and sell the pelts. When a "doctor" was spoken of, the father said: "Well, you know, it will take his pony or one of the dogs," while his mother would not assume such responsibility for fear, upon recovery, the boy would reproach her for his loss.

Just as we were leaving M—, the doctor said: "Do what you can to secure order in the sick room, and O, by the way, the little brother is also in the same room, down with typhoid. The mother is worn out, as she has waited upon them constantly for weeks. Do the best you can." With that, we pulled off into the darkness.

It was about nine o'clock when we arrived

at our destination, an unusually good-sized farm house and out-buildings for that unsettled country. There was a schoolhouse across the road, but the nearest neighbor was one and a half miles away. Also, it seems, a meeting of the schoolhouse directors had been called and the school closed because of the typhoid so near.

The family consisted of the two sick boys, aged seventeen and ten years. An older boy of nineteen who did a few chores about the place, but whose principal pleasure was to lounge about in a recently acquired new outfit—very much of a dressy cowboy, without pistols. Then there was a little girl of twelve, who made attempts to keep the house in order and do the cooking. Upon the father the greater burden of work fell since the illness of his sons. The mother was on the verge of collapse, so weak and dazed that she could not tell what she was doing. The smaller boy, Louis, was on a cot at one end of a good-sized room, while Joseph occupied an iron bedstead in the center of same. The room was dusty and dirty. On the floor beside the bed was a basin of water, in which had been wrung out cloths used to cleanse the patient after hemorrhage of bowels; some had gotten on the floor, and the cloth had been whisked about the basin, leaving a dark stain on the boards. I found a feather bed saturated with the tarry defecations. It was such cold weather it was difficult to disinfect properly, and I was thankful for the large stove that was in the room, and in which I burnt everything possible.

Although the stove was in place there had been no fire. It seems that the father had traded a hog to the Indians for five loads of wood, and this was to be the winter's fuel. All the windows were closed down tight, the house banked with manure, and the kitchen

was the general utility room. In it was done the cooking, churning, baking and straining of milk, and here, for four weeks, in a room just large enough for a cooking stove, a dresser and a six-foot square table, rested Joseph on a cot, in one corner close to the stove, until Louis became ill; then both were put in the middle room, with no fire and no ventilation except the kitchen. Joseph had a chill at the mere suggestion of my raising a window, and before I succeeded in so doing as all had been nailed down. His condition was hopeless, but, as is usually the case, he responded to regular, systematic treatment and appeared better the next day.

I attended exclusively to their diet. The food provided for the family was revolting. Upon opening one of the doors of the kitchen cupboard, I found bits of bread and meat covered with mold. The dishes had been washed in cold, hard water, without soap, and were coated with grease. For meat a cow had been killed, half of which had been sold to a neighbor, and the other half was in a frozen condition out in the barn. Each meal consisted of bread, butter, when there was any, slices of this beef cut and cooked without cleansing in any way, the fat of which was rendered and used to fry the meat and potatoes. Both were served floating in grease. The mother was well-meaning, but simply did not know how. One day she had a nice piece of the standing rib, and I suggested that she roast it. Eventually we had it, after it had been boiled and then dried out in the oven. At the table my constant fear was that I should bite upon some grit or similar thing in the bread. One day I asked for an egg, thinking that at least would be clean. I found that eggs were priceless. While having any number of chickens, it was not the laying season.

The fourth day after my arrival Joseph left us. My heart ached for the little Louis,

whom I tried to protect as much as possible. Fortunately, he slept through his brother's last sad hour, knowing nothing of it, until his mother gathered him in her arms in uncontrollable grief. As we stood about the door which was used as a cooling board for Joseph, I well recall his father's sorrowful and sincere words: "He was a good boy. I never had to call him twice of a morning. The minute he heard my voice his feet touched the floor." Yes, poor boy, he had worked himself to death. Even little Louis lamented that, since his own illness, there was no one to milk and care for the cows.

The day of the funeral three big Indians came for a "trade" of some kind. When the funeral cortege left me alone with the sick boy I should have been frightened had it not been for Joseph's three wolf hounds. As it was, a half hour later I viewed with satisfaction the Indians hitching up their team and thankfully watched them disappear over a rise of the prairie.

I remained two weeks after that, caring for Louis, whom the doctor left wholly to me. His condition at times was precarious, due to abscess of the groin and heart failure. While at all times I had to consider the distance and time it would take to get the doctor, besides the great question of money. I fought it through alone, daily doing what I could, helping toward a more sanitary, economic household. The mother was willing, but had lived such a difficult life of habitual self-denial and hard work her main idea was to live through the days as simply as possible. She assisted me to very thoroughly fumigate and cheerfully agreed to the burning of feather bed and mattress. I left, thankful to return to civilization, with the feeling of work well done, though I can never forget the mother's pitiful lament: "If only I had sent for the doctor. If only I had known what to feed him."

A Small Operation

Performed by a GREAT SURGEON, in GREAT HASTE, at a GREAT HOSPITAL

To pass the surgeon what he needs with which to operate
Is all the nurse assisting him must do,
If her reason doesn't totter on its throne, there's no debate
She'll cultivate a memory e'er she's through.

The things the surgeon uses for a simple operation
Never ought to fill her brave young mind with awe;
But I felt *my* reason vanish and I lost all inspiration
When I tried to name each instrument I saw!

The Carbon-Tetrachloride (Merck), thymol and alcohol
Is the preparation used to cleanse the skin.
Then you spread your sheets and towels and put in your towel clips,
And to touch a thing unsterile now is sin.

"Mayo's scalpel, a Kelly clip (this one will need the Murphy Drip),
Fine iodine catgut for bleeders now.
The grooved director, scissors curved upon the flat, straight clip,
Halstead's retractors, hold 'em—you know how!

"Lap. sponges, now McLaren's clips, I'll need the Oshner clamps;
A Peasley needle, heavy chromic gut;
The cautery, sponge quickly, for I don't want this wound damp,
Small needle, Pagensdecker, for this cut!

"Blake's irrigator, normal saline, get it to me quick—
I think I'll need the Doyen tumor screw.
Segand's vulsellum, small lap. sponges, these are far too thick,
Now ready with your sutures. Hurry, too!

"Full curved, round needle, plain catgut, the Richter's needle holder,
Thumb forceps next and sutures for the fascia;
A half-curved needle. What's the temperature? This room seems colder.
Don't let the patient chill; there's nothing rasher.

"A number one, that same half-curved will do well for the fat.
No more ether! Now fine silk for the skin.
If you don't mind I'll change and use the Michel clamps at that.
Now dressings! WHY IS NOT THAT NEXT CASE IN?"

Nan Calkin.

Making the Most of a High-Priced Chicken

KATRINA WELLS

NOWADAYS, when a very ordinary looking spring chicken costs seventy-five cents, the nurse in the family whose financial circumstances require dollars and even nickels to be spent with caution and forethought, can do her part in reducing the high cost of—sickness—by not ordering or asking for expensive foods for her patient too often. Though the family may desire the patient to have the best they can possibly afford, it is nevertheless true that they would be just as well satisfied to keep the meat bills down to the lowest margin.

One chicken in the hands of an intelligent nurse-cook can be made to spread over at least five different meals, served each time in a different way, thus providing the variety which will delight an ordinary sensible invalid.

GIBLET SOUP

Have your chicken killed to order, if you can, and the giblets sent with it. Cut off the neck and wings, and put these, with the heart, liver and gizzard, into a saucepan with about a quart of water and let simmer slowly for several hours. These will make a pint of soup, which may be slightly thickened with cornstarch or flour. Serve it with a dish of hot boiled or steamed rice, to be added by the invalid to the soup as desired. Save a half cup of broth. For the next time the chicken is to be served, cut off the legs and prepare to serve in Creole style.

CREOLE CHICKEN

Dust the pieces of chicken with salt and pepper. Put in a small frying pan, containing a teaspoonful of finely chopped onion and a tablespoonful of butter, and sauté it until it is a golden brown. Take out the chicken, add the half cup of broth, a tablespoon of stewed tomato, a half stick of celery minced finely, (a part of a red pepper finely chopped, if desired,) and season with

salt. Replace the legs of the chicken till the whole is tender. Arrange the legs on a small heated platter, surround it with the sauce and garnish with cooked macaroni and parsley.

ROAST CHICKEN

Take for the next meal the body of the chicken, and prepare it for roasting by soaking it for a half hour or more in salted water. Prepare a stuffing for it, using bread crumbs, melted butter, salt and pepper, chopped parsley, cover it with slices of bacon tied on, and let it roast till tender, basting frequently. Serve it hot with mashed potatoes, saving the remains.

CHICKEN SANDWICHES

For a supper or light lunch prepare some sandwiches, taking slices of the cold roast chicken for filling, using some French dressing or a dash of Chili sauce for a relish, and including a crisp lettuce leaf, either in the sandwich or to be eaten as an accompaniment; or the cold roast chicken may be served on a pretty plate with the remains of the dressing served with it and some crisp sticks of celery.

CHICKEN PIE

An appetizing way of serving the remainder is to break the bones and put them with the meat adhering to them in a quart or more of water, till the remnants of meat are soft enough to be easily removed. Take these out on a plate and pick off the remaining meat with a fork. Add a finely minced onion and some chopped parsley to the water in which they were boiled and let it simmer down to about a teacupful. Put the meat in a small baking dish, with or without a few slices of potato, pour over the broth, well seasoned, dust some flour over this; cover all with a flaky biscuit crust, bake just enough to cook the crust and serve at once.

Editorially Speaking

Seeley Nurse Bill Defeated

The Seeley Nurse Bill was killed in the House Committee of Rules in the closing hours of the last session of the New York Legislature, and the supporters of the bill will now have an opportunity to count the cost. The bill was amended and amended again, so that finally there was little left of its original form. From the first it met with tremendous opposition. With few exceptions the newspapers of the State were against it, and it was unfortunate for the promoters of the bill that the few papers giving it support knew so little about it and made so many inaccurate statements regarding it and nursing matters generally, that their support did more harm than the opposition. It is equally unfortunate that the very able letters written by the promoters of the bill, which appeared from time to time in the papers, so persistently ignored the main issues in the case, that the intention to deceive was evident, and thus they failed to carry conviction. But nevertheless, in spite of the opposition, and at the moment when it seemed that the bill was doomed, it was passed by the Senate, due to the almost unprecedented activity of the nurse lobby. As before stated, it got no further, but was killed in Rules Committee of the House.

Now that the smoke has cleared away, it is well to look over the battlefield and try to discover those who have been injured by the fray. The bill, aside from its commercial interests and the intent to strengthen the control over hospitals and graduates, was aimed specially at two schools; namely, the Chautauqua Correspondence School of Jamestown and the National School for Cer-

tified Nurses of Albany. We do not find the Chautauqua School among the injured on the battlefield. So far as we can see, it has not been injured but benefited by the contest. It has had a great amount of publicity and the opportunity of getting facts regarding the school before the public, such as the testimony of hundreds of physicians, graduates, etc., which could not have been done through ordinary advertising methods. The Albany School for Certified Nurses numbers among its supporters some of the most prominent representatives of New York State, among whom may be mentioned Hon. Charles E. Hughes, ex-Governor, Hon. Martin H. Glynn, Lieut.-Governor, and Rt. Rev. W. C. Doane, Bishop of Albany. We are told that this school holds a very warm place in the hearts of the people of the city and county, and its friends rushed to its aid in a manner which must have been most gratifying to those most interested. No harm came to it, and consequently we do not find this school on the field. But by far the most important body fighting this legislation was composed of the representatives of the great hospitals of New York City and State, and we find these, also, among the victors. Who, then, do we find among the injured? Alas that we should write it—the hospital graduate nurse. Never before has she been brought before the New York public in so unlovely a light, her white robes sullied, and for what—for the personal ambition and commercialism of a few of her sisters. The hospital nurse, when she graduates, takes her pledge to be loyal to her Alma Mater, but now we find her lined up fighting it, in the halls of the Legislature—not a pleasing sight for the

public, even though she might be in the right.

It is certainly a long step from Florence Nightingale to the nurse politician. A long step from the beautiful lines of Whittier, which have so often been used to describe the trained nurse:

The paths of pain are thine;
Go forth with patience, trust and hope.

to the following quotation from an Albany newspaper:

The nurses' lobby which has been encamped in the Senate chamber for a couple of months pulled its tent pegs yesterday and hiked over to the Assembly chamber, wherein they marched with an assurance which precluded the idea of ever having been bashful. Presuming upon the courtesy accorded their sex, they boldly walked about the floor of the Assembly chamber without the formality of securing a pass or being accorded the privileges of the floor. Then they began a campaign of sending for members and coaxing them to vote for the bill which seeks to monopolize for graduates of hospital schools the titles of "trained," "graduate" or "certified," and which would preclude the possibility of any other sort of nurse, no matter how well qualified, ever getting a certificate of her qualifications, from the regents. It also seeks to create a \$2,500 job for one of the nurses' associations.

To those who have no "axe to grind" and who are truly interested in the welfare of trained nurses and trained nursing, the contest at Albany has a very tragic aspect, for we find the beautiful spirit of service which should be the foundation of trained nursing displaced by the spirit of commercialism; humanitarianism displaced by politics. However much we may smile at the idea of the "ministering angel," we believe it is better for the trained nurse to be pictured in the eye of the public as a "ministering angel" than as a political lobbyist. And the most pitiful thing of all is that trained nurses who had nothing to do with the legislation, who did not approve of it, who were against it from start to finish, are obliged to share the blame with the guilty, as the public is not familiar enough with nursing politics to

understand the difference between the commercial nurse politician and the great army of *real nurses*, to whom too much praise cannot be given, who are quietly and devotedly standing by their tasks and administering to the needs of suffering humanity.



A Bit of Human Prejudice

However much we may deplore human prejudice, we cannot afford to ignore it. For instance, one who goes into the south land and who tries to accomplish anything where people and things are concerned, will find that racial prejudices will have to be considered, and very carefully considered.

It is rather unfortunate that the nurses who wished to secure a monopoly of the word "nurse" and to prevent the rest of the world from using it, should have chosen as a substitute the word "attendant," for there is a deep-rooted prejudice against the term, that no amount of argument or legislation will dispel. A few years ago there was started not far from New York a "School for Trained Attendants." It was probably started with a sincere desire to do something to supply the need for the nursing of people of moderate means. It was to be run on the strictest lines. Its candidates were to be taught to do *nursing*, but must be called *attendants*. (Now why not teach them *attending* instead of *nursing*?) Its methods were quoted as highly desirable by those who wanted to popularize the term "attendant." But somehow the school did not flourish. A year ago a nurse who wanted to learn something of its methods and how it was succeeding, wrote asking for such information, and received in reply a courteous note stating that the school was no longer in existence. Its career had been very short, indeed.

Now there is no doubt that the need exists, that these so-called "attendants" were expected to fill; but we venture to state that underneath all other reasons given for the

abandonment of the school, was the deep-rooted prejudice against the term "attendant." The kind of women we want in sick rooms of families of moderate means will no more call themselves "attendants" than they will call themselves domestic servants, and if these women are to go into the sick room to do *nursing*, there is no reason why they should be debarred from the world-old title of *nurse*. When a small group of nurses decided to thrust the term "attendant" on the people of New York and to prohibit them from using the word nurse without official permission, they undertook the biggest contract that nurses have ever undertaken, and it is not surprising that they met with failure in this respect, almost at the start. We also feel that this attempt has been one of the greatest blows trained nursing has ever had, and we believe that those who set out to secure such a monopoly will live to regret it.



Working Hours for Hospital Nurses

We call special attention to the discussion in this issue of the subject of working hours for hospital nurses, and their possible regulation by law, if bills now pending pass in the various legislatures. Are such laws desirable and workable, and how are they likely to affect hospitals and nurses. As stated in the department "Hospital Review," one inevitable result will be to prevent the employment of many graduate nurses who now are on special duty in hospitals most of the time, for it is the very exceptional patient who could afford to pay for three special graduate nurses, in addition to the price of his room in the hospital, the nurses' board and the doctor's fees. It would also undoubtedly lower the standard of the care of the sick, since at the stroke of the clock one-third of the nursing force must at once be relieved of duty, whether there was relief force available or not or whether the needs of the patient had been attended to or not.

While the hours of the nurse on special duty in a hospital are often long, the majority of the patients, especially surgical patients, are not so actually ill as to require unceasing attention and watching more than a few days following operation. After that, as a rule, they sleep ordinarily well, and the nurse sleeps also. While technically she is "on duty," practically she is asleep at night much of the time. In nearly all hospitals she is relieved by the corridor nurses for a few hours daily, and instead of being the much-abused creature some would have us believe, she is really having a fairly comfortable time in the hospital, often much more so than if she were on private duty.

Many nurses have told us that their training-school days were among the happiest of their lives. They were busy learning and doing. The regular hours agreed with them so well that some gained in weight in the first year of training. While we are not willing to believe that pupil nurses in American hospitals are as badly treated as some writers, who seem to have a grudge against hospitals, have described, still there is always a real danger that in our enthusiasm for the work we shall sometimes overwork the workers. In every occupation this point needs to be guarded. The whole situation should be carefully studied, before any laws relating to hospital workers are placed on the statutes.

There are a few nurses in every State who seem possessed to get laws made—any kind of laws—relating to nurses, but the majority we hope will be able to see that such a law as is proposed in California might very easily act as a boomerang, and produce results which would be a positive handicap and detriment to every nurse in the State.



Since writing the above we learn that the bill has been passed by the California Senate.

Historical Medical Exhibition

We have been asked to call the attention of those of our readers who are contemplating a trip abroad during the coming summer to the Historical Medical Exhibition which has been organized by Mr. Henry S. Wellcome in connection with the International Medical Congress to be held in London.

Among other interesting sections is one including the medical deities of savage, barbaric and other primitive peoples. Through the kindness of friends, specimens of these have been forwarded from all parts of the globe. Amulets, talismans and charms connected with the art of healing will also form another prominent feature and any loans of this description would be welcomed.

In the section of surgery, an endeavor will be made to trace the evolution and development of the chief instruments in use at the present day, and it is desired to accumulate specimens of instruments used in every part of the world by both savage and civilized peoples.

Among other objects of exceptional interest are many personal relics of Dr. Edward Jenner, the discoverer of vaccination. These include the original lancets and scarifiers he employed during his first experiments, his case and account books, his snuff box, medicine chest and many other interesting articles. A large collection of autograph letters of Jenner's, some of unique interest have also been loaned, together with the armchair from his study and in which he died.

Other objects connected with the life of Jenner are also to be exhibited including many valuable portraits of himself and family, painted at different periods, the illuminated addresses presented to him together with the freedoms of the cities of London and Dublin, also medals, and other documents of special interest.

Those who may possess any objects of a similar character connected with the history

of medicine and the allied sciences, and who would be willing to loan them, should communicate with the Secretary, 54A, Wigmore Street, London, W., England, who will be pleased to forward a complete illustrated catalogue to anyone interested.



Congress on School Hygiene

The Fourth International Congress on School Hygiene will be held in Buffalo, N. Y. August 25-30, 1913, under the patronage of the President of the United States, Mr. Woodrow Wilson.

It is desired to bring together at this Congress a record number of men and women interested in improving the health and efficiency of school children, moreover to make this Congress—the first of its kind ever held in America—one of direct benefit to each individual community. There is now being arranged a comprehensive program of papers and discussions covering the entire field of school hygiene. There will be scientific exhibits, representing the best that is being done in school hygiene, as well as commercial exhibits of practical and educational value to school people. Nor will the entertainment of the delegates in any way be a minor feature. Plans are being made for a series of social events, including receptions and a grand ball, a pageant in the park, and excursion trips to the great industrial plants of Buffalo, as well as to the wonders of Niagara Falls and the Rapids. Buffalo itself has taken up a collection of \$40,000, for the purpose of covering the expense of the Congress.

Delegates will attend from all the leading nations, from every college and university of note in this country, and from various other educational, scientific, medical and hygienic institutions and organizations. As nurses are now taking such an important part in school hygiene, we trust that there will be a large representation of nurses present.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Working Hours for Trained Nurses

This question, always important, becomes of increased interest when it assumes a legal aspect. The limitation of working hours for women in the trades, which laws have placed on them in the last few years, have not thus far been extended to nurses in hospitals unless in a few cases. In Illinois there is a law, we understand, which limits working hours of women to ten out of the twenty-four. In the California and Washington legislatures, bills are, at this writing, under consideration which would limit the working hours of women (including nurses) to eight hours a day and forty-eight per week. Those to be accorded protective consideration are the workers on duty within the hospitals—women internes, superintendents and pupil nurses. The *San Francisco Call* states that "the bill in its original form does not affect nurses in private employment outside of hospitals, but *does apply to nurses in private employment in hospitals*. That is to say, under the existing law so-called 'private patients' in hospitals requiring continuous attention are served by a night and a day nurse, standing watches of twelve hours each. The enactment of this bill unamended would necessitate the employment of three nurses in such special cases."

The *Pacific Coast Journal of Nursing* in discussing the California bill says: "Without doubt the majority will agree there *should* be a limit to the duty hours in hospitals. The difficulty is in deciding in all fairness to patients, nurses and institutions just what that limit should be.

"As a rule the superintendent of the training school decides and regulates the hours. However, regardless of her desire to keep reasonable hours as her schedule, she must of necessity 'cut her pattern according to her cloth'; in other words she must arrange the nurses' hours in accordance with the supply—or *lack* of supply—of nurses on hand to do the work. With modern daily pressure the hours of duty have become so elastic that they range anywhere from eight to twenty-four on a stretch. Perhaps the very fact that one

is ministering to the sick should preclude even a remote desire to preserve personal health by requesting shorter hours. Truly, from the ideal viewpoint, we prefer to think of the work of our profession as 'chastening and invigorating the soul,' but, we feel constrained to ask, from the marked tendency of many hospitals today toward the commercialization of nursing, would it be out of keeping should certain groups of nurses lean toward trade unionism? Neglect during the past thirty years to establish system and order that would do justice to all parties, safeguard the health of the nurse, develop her efficiency, and tend to increase her working years has now caused the 'outsider' to hearken to the appeal of the pupil nurse. Without conferring with the graduate nursing body, and lacking the accepted professional viewpoint of self-sacrifice in the care of the sick, cherished through the ages as inseparable from nursing, this outsider has now caused hospital boards to pause and consider, and when that particular measure is brought forth on the opening of the March session of the legislature the indication is that *hospital interests* will be represented.

Some of the leading representatives of nursing have gone on record as opposed to this bill. However, we all know that under *no* limitation of hours in the hospitals and training schools, there *is no* limitation as to the hours it is assumed that women superintendents and operating-room nurses may be on duty and on tap, so to speak. In line with this, the pupil nurses may be, and are, subjected to long, taxing hours of work and vigil ranging anywhere from twelve to eighteen hours for some days on a steady stretch, or to *twenty-four hours* in practically one straight vigil. To change and regulate this human—or inhuman—disregard for the women workers, may for a time interfere with the smooth running routine and exchequer of the institutions.

"The surgeons who desire especially to have certain nurse assistants always when they operate may, for the sake of the welfare of those nurses, have to accustom themselves to different and changing 'teams,' or set their operations

within a working day's hours. This could certainly always be done except in emergency cases, and in the long run would give those very surgeons a little respite. *It is quite time that hospitals be debarred from opening the operating rooms after given hours, unless in cases of emergency.* There have been, and are, surgeons who become so addicted to the use of the knife that they would rather perform an operation than to eat or sleep, and, consequently, working on their own volition, they set many of their operations for night, after their full day of visits and office service is over, assuming, most likely, that the faithful nurse and pupil assistants enjoy these extra seances as much as they.

"Often night after night will find some of these women at work in the wee small hours 'cleaning up,' to have all in readiness for the regular operations set for the morning. One of the most expert operating room nurses on the Coast, who has been chief in that department in one hospital for more than ten years, stated in a recent letter in reply to a request that she write a certain paper: 'I will try my best, but really, night after night finds us at work in the operating room, and when the operations are over, of course we have to clean up and have everything in readiness for the early morning work.'

"This experience is by no means an exceptional one, nor is it always emergency work. So is it not more than advisable that our nursing organizations endorse and work for the passage of a measure which will accord to many valuable women in our profession consideration and protection?"

With much of the foregoing, we are in hearty accord, though the editor of this department is not one who believes that legislation is the panacea for every social ill that exists, as some nurses seem to believe. *Unworkable* laws are a hindrance to progress and the way such a law would work out is not yet quite evident, so far as hospitals are concerned. We are in this respect much like a certain statesman who is now much in the public eye, who is quoted as saying to a group of social workers who wanted his co-operation in various good causes: "My enthusiasm is in proportion, generally, to the *practicability of a scheme*. I have always been eager to forward general principles, but I do not feel the breath fill my lungs until I see the practical plan."

For example, we would like to see every superintendent of a hospital, small hospital or large, be free at the end of eight hours of superintending every day, with eight hours every day for recreation and participation in other movements

for social betterment, and eight hours of uninterrupted sleep; but it isn't clear to us yet just how this is to be accomplished, in the smaller hospitals particularly, by a law.

The world moves, and we try not to be too far behind the general procession, but still, when it comes to enforcing this provision of the California bill in hospitals and applying it to superintendents, head nurses and pupil nurses we can't help "hanging back" and asking for a little time to think things through and see where we are likely to come out. How would you like to see this clause in the bill a law in your state, and applying to you and your hospital?

"Every employer is required to keep a time book or record showing in detail the hours worked by his female employees. That record shall include for each employee the times when she began and stopped work each day, including the time of recesses for meals. This record is at all times to be open to the inspection of the officials authorized to enforce the law. Any employer failing to keep such record, or who falsifies it in any particular is subject to the penal provisions of the act.

"Violations of the provisions of the act are defined as misdemeanors. First offenses are punishable by fines of not less than \$25 nor more than \$50; second offenses by fines of not less than \$100 nor more than \$250, or by imprisonment for not more than 60 days, or by both such fine and imprisonment."

In regard to *unnecessary night operations* we tirely agree that such should, in some way, be rendered as infrequent as possible, but still we don't believe that a "legal closing hour for operations, barring, of course, emergency cases" would help the situation very much. Any surgeon who wanted to could declare his case "an emergency case," and who is to say it isn't? A doctor who has the mania for operating can easily convince some patients the first time he sees them that if they are not operated on within two hours they will be dead before another day dawns. He is sometimes afraid that if the attack of abdominal colic subsided before morning, the patient might doubt that his appendix was diseased, and might postpone the operation and "slip through his fingers," so he gets him into the auto and rushes him to the hospital and orders an *immediate* operation, though the operating staff may be all utterly worn out after a trying day. And who is to say him nay?

The hospital board can do more to curtail the night and Sunday activities of such a surgeon than all the legislatures in the world. They can drop him from the staff, or debar his practicing

in the hospital, when it is clearly proven by repeated cases that he is more concerned over the almighty dollar than anything or anybody connected with the hospital—when he persistently refuses to be just to hospital employees. We have known of hemorrhoid cases, where the patient simply dropped in to the physician's office for some sort of ointment that might allay the temporary discomfort, being rushed to the hospital as "*an emergency case*," without giving the man a chance to tell his wife where he was. We have known case after case held over for Sunday operations so the surgeon could have some people see him operate who didn't want to lose the time on a week day to see the operation. The superintendent who has the backing and co-operation of her board can do a good deal to stop the unnecessary Sunday and night work. A letter sent by the board to each member of the staff, asking them to assist in reducing night work and Sunday work in the operating room to the minimum, would help. A report by the superintendent to the board, each month, on the number of night and Sunday operations, who it was who insisted on having them, and the kind of cases operated on in those hours in which the operating room is supposed to be closed, would also help by keeping the board informed and the matter before them. Everyone wants *real* emergencies attended to, but surely night and Sunday operations should be restricted to real emergencies.

Let all who are interested in the care of the sick in institutions study how to reduce the working hours of nurses to nine hours a day, and fifty-four hours a week, if possible. Then when we have reached that point, we can study whether further reduction is desirable, and how it can be accomplished; but let us go just a little bit slow on getting legislation to close operating rooms and offices of superintendents of nurses, at a certain fixed hour. We would hate to see the superintendent fined or imprisoned for taking in some battered up human being whose coming imposed an extra hour of work on some nurse or interne. We would hate to see her have to swear to the exact time each nurse had every day in the month for her meals. And think of the book-keeping that California bill would impose on the superintendent of the small hospital. The millennium won't be ushered in in California by that law, nor in any other state. It is much more likely to come by the officials of hospitals *working together* for better conditions, stirring each other up to good works, and showing how working hours have been shortened in some hospitals,

without crippling the work, or defeating the real objects for which the institution stands.

One undoubted result of the California law would be to render the employing of private nurses for special duty in hospitals prohibitive to all but the very wealthy, for few patients could afford to pay \$25 a week to three different nurses. A whole lot of nurses now employed would fail to get a chance to work even eight hours a day.



Hygiene and Asepsis in Ward Work

It is quite probable that in most hospitals the *theory* of asepsis is carefully taught. The precepts and principles are to be found in most text books and these are supplemented by oral instruction until there seems to be no reason why every nurse should not thoroughly understand them. And yet breaks in technique are seen and lack of attention to common, ordinary rules of hygiene that are sufficient to cause much trouble and undoubtedly do cause more than is willingly admitted. A few years ago Dr. Edsall of Philadelphia commented with rather disconcerting plainness on some violations of common principles of hygienic cleanliness which he had seen grossly violated in the medical wards of some hospitals in Philadelphia which he had occasion to visit. He mentioned one case in which one nurse was detailed to prepare and serve the milk and other fluid foods used in the wards and, in addition, to attend to the disinfection of infected bed and body linen.

In a paper presented before the American Hospital Association he gave some very pertinent suggestions which are quite as much needed today as when they were given.

"Next to the care of the food," he says, "the care of the hands of the doctors, nurses and other ward-attendants, and of the things that may soil their hands, needs attention. It is, indeed, more important than the care of the food, as the danger of infection in this way is more direct and more imminent. It should be quite as much an act of conscience with both doctors and nurses, to sterilize their hands or to put on rubber gloves before examining the mouth of a patient with their fingers, or handling instruments that are to go into the mouth, as it is to take similar precautions before examining an infected wound. More especially is this the case in carrying out hospital duties where infectious diseases are always present.

"The preparation of swabs, etc., for cleansing or treating mouths or throats should be done by a nurse, such as the diet nurse, whose duties

leave her free of infection, or by a nurse whose hands have just been sterilized, or who, preferably, wears rubber gloves in doing this work. In order, also, to prevent her from infecting her hands unnecessarily and thus in order to protect herself and the patients, the nurse had best wear special rubber gloves in caring for the soiled bed-clothes, dejections, etc., of patients suffering with serious infectious diseases such as typhoid fever, pneumonia and dysentery, and in washing such patients as well as in carrying out other duties that may readily result in carrying infection, so far as this is possible. For the same reason all dirty ward utensils, such as bedpans, urinals, and pus basins should be frequently boiled, whatever type of cases are being treated, and regularly after they have been used by patients with infectious diseases. . . .

"It is my particular desire to insist that all the regulations suggested should be considered quite as important in treating a group of patients with the same disease as in treating a group with a variety of diseases. Most infectious diseases, if not all, are complicated by secondary infections with considerable frequency, and these secondary infections may readily be handed on from those that have them to those that have them not."

Continuing the writer goes on to show the apparent importance of secondary gastro-intestinal infections in producing the abdominal symptoms of typhoid fever, and in causing these symptoms to appear at times in epidemic form in individual hospital wards, through transference from case to case.

Because neglect of asepsis in surgical patients produces its results in a very short space of time, as a rule, much more attention is paid to aseptic technique in surgical than in medical wards. An English exchange states that "the common practice in giving hypodermic injections" is to neglect the preliminary boiling of needle and syringe, to omit entirely the washing of the hands and to inject the patient with a syringe that has been used upon other patients in the ward, and that has been cleaned merely by drawing water through it after each injection. The case is cited of eight consecutive cases of erysipelas occurring in the same ward in which the infection was directly traceable to one nurse who had not sterilized her hypodermic needle, and another series of five cases of localized infection due to the same cause.

Let us hope that American nurses are better trained in American hospitals than to be quite so careless about hypodermic technique as the

nurses whose neglect produced such dire results, but let us not be too sure of it.



Mountainside Hospital

The authorities of Mountainside Hospital, of Montclair, New Jersey, greatly perplexed as to how to provide for work that was increasing five times more rapidly than the population served, recently decided with much trepidation to attempt a "whirlwind" campaign for at least \$150,000.

The services of an expert director, Mr. A. F. Hoffsommer, of Harrisburg, Pa., were secured, a thorough organization was effected and at the close of twelve days of work more than \$225,000 had been subscribed and subscriptions were still pouring in.

More than 700 men and women—the best in the community—were enlisted and they secured over 6,000 subscriptions and had the time of their lives.

The community was aroused as never before and Mountainside Hospital occupies a place in the hearts of the people which could probably have been secured in no other manner.



More than four hundred cases of pellagra were found in one county in South Carolina, principally among cotton mill workers. It is proposed to establish a hospital or laboratory in Spartanburg, S. C., for the treatment of sufferers from this disease.

The Aurora (Ill.) Hospital has carried through a successful eleven-day campaign to raise \$100,000 for endowment, with W. A. Bowen as campaign manager.

Construction work has begun on the Galloway Memorial Hospital at Nashville. The first building to be erected is to cost \$235,000.

Work on the new addition to Sibley Memorial Hospital, Washington, D. C., known as Robinson Hall, has begun. It is to be a six-story building, to cost in the neighborhood of \$150,000.

The two weeks' campaign for raising \$150,000 for the Memorial and New Jersey Orthopedic Hospitals, Orange, closed with the total surpassed, the final figures being \$164,623.23. Mr. W. A. Bowen, of Waterville, Me., was in charge of the work.

Book Reviews

The Modern Hospital: Its Inspiration, Its Architecture, Its Equipment, Its Operation. By John A. Hornsby, M.D., secretary Hospital Section, American Medical Association; member American Hospital Association, etc., and Richard E. Schmidt, Architect, Fellow American Institute of Architects. Octavo volume of 644 pages, with 207 illustrations. Cloth, \$7.00 net; half morocco, \$8.50 net.

This new book from the pen of Dr. John A. Hornsby, till recently superintendent of Michael Reese Hospital, Chicago, will be welcomed as a valuable addition to the hospital literature of America. It deals mainly with the minute details of hospital administration in its many phases, as exemplified in a large hospital. The volume is divided in the general scope of its contents as follows: To the introduction, dealing with the general style of hospital—whether general, charity, private, etc., and with the construction of the building itself, is devoted 155 pages; to the equipment of the hospital, 86 pages, and the balance of the book to the methods of managing and operating the institution. In the opening pages the authors make a plea for superintendents, matrons, superintendents of nurses—hospital executives in general—to make a closer study of the plans for a new building in their formative stage, so that the shortcomings in the building may be discovered and corrected before they have progressed too far. He notes what is undoubtedly true, that comparatively “few hospital workers seem to be able to interpret even the simplest rough sketches, floor plans, elevations and details,” and that they are “inclined to attach a blanket approval to whatever is submitted to them,” and then come in with an eleventh-hour protest. The section on construction deals with every phase, from the planning to the finishing of the various departments which go to make up the complete hospital.

The “equipment” part of the book discusses every phase, from fixed furnishings, vacuum cleaners and their installation, etc., to the different varieties of chairs and the equipment of the small private hospital, where many of the things required in a large hospital are not needed.

The main section of the book is devoted to the operation of the hospital and the conducting of

each department. The author of this section has steered clear of “glittering generalities,” and goes into the minute details of the management of the different parts of machinery which go to make up the large hospital. Quite a considerable section is devoted to the nursing side of the institution, and the writer expresses his convictions regarding some present-day conditions and tendencies, with no uncertain sound. The nursing section must be read to be appreciated. He frankly states that “there seems to be something wrong with the trained nurse of today”—that everybody concerned (but the nurse herself) says there is—but they cannot agree on just what *is* wrong, nor how it should be remedied. He discusses the training school from A to Z, and the nurse after she graduates is not overlooked. Rules for the management of each technical department of a great hospital—maternity, surgical, medical, pathological, isolation, out-patient, etc., are given and the general business management quite fully treated.

The book is interesting in style, finely illustrated, and replete with practical information for hospital workers, especially those connected with large institutions. That it will be secured as a part of the reference library of many American hospital superintendents, there is no doubt.



Ophthalmic Nursing. By Sydney Stephenson, M.B., C.M., F.R.C.S., Third edition, revised and enlarged, with eighty illustrations. The Scientific Press, London, England. Price, \$1.50.

This volume is the outcome of instruction given to the nurses at the Ophthalmic School, Hanwell. Since the appearance of a second edition, there has been many changes in the methods of ophthalmic medicine and surgery, and the more important of these have been incorporated in the third edition, thus bringing it thoroughly up to date.



Operations for Fractured Femur; Eleven Successful Cases. By John B. Walker, M. D. Reprinted from *American Journal of Surgery*.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

An Inexpensive Vacation

To the Editor of The Trained Nurse:

Will some nurse please write about an inexpensive vacation she has taken.

Is there a nurse's home of any kind where a tired nurse might spend a vacation?

M. P. G.



The Qualifications for a Nurse

To the Editor of The Trained Nurse:

I have just finished reading the letter in April Letter-box, "Which Would You Rather Have?" by a Western Superintendent. I, too, am glad to see the subject discussed, and to know that the importance of character is being dwelled upon in comparison with other qualifications. We all know that education is to be coveted, and is a fine foundation for every person, and every thing. But if a young woman has not been fortunate enough to complete a high school education, should that lack hinder her from receiving self education?

I think I may justly express myself on the subject, as I have had the high school graduate, and the non-graduate, under supervision in actual training experience. Give me the young woman with a bright, alert mind, who uses good sense and judgment, who possesses a womanly character, and who puts the right spirit into her work. Quite often I have found the high school graduate so impressed with her knowledge that she works with absolute self-satisfaction. The nurse who will lend herself to teaching is always the gainer. In justice to the educated pupil, I must say that one of my high-school graduates is the most valuable and finest nurse I have graduated. She possesses a womanly character, with many fine traits and these with her education, make a combination much to be desired. But another young woman who came to me, evidently just for graduation, had certainly neglected one side of her education, namely, character development. She was absolutely lacking in any sense of truth or trustworthiness, so after repeated warnings I was forced to dismiss her. Probably

no place is better calculated to bring out a person's strong or weak points than an hospital. Any young woman, though lacking in high school education, may go through her training continually developing, and come out a stronger and better woman, if she has character. But if there is not character, what have we to build on? If we must make a choice by all means let us select the girl with fine character in preference to the one with a high school diploma.

ANOTHER WESTERN SUPERINTENDENT.



Mental Hospital Training

To the Editor of The Trained Nurse:

As a reader of THE TRAINED NURSE, I have been greatly interested in the several letters appearing in the February, April and May numbers respectively, and I wish to say I, too, am a graduate nurse, and consider it my privilege to be associated with a mental hospital training school, and believe that the general hospital nurse has something to learn from State hospital training.

With regard to materia medica, the opportunity given in the State hospital to become familiar with the different drugs in their pure form is not always given the general hospital nurses. I have heard a drug described in class as a clear, colorless fluid, etc., the pupils having known it as prepared by the pharmacist for ward use, while the State hospital pupil has the actual practice of mixing ointments, measuring, weighing, making solutions from drugs.

I quite agree with the "Mere Man," and I am surprised at the seeming depreciation of the State hospital graduate.

Mental and nervous cases call for the highest type of nursing, and one ought surely to be benefited from such a training.

Affiliation is a growing need in the general hospital training school, and I venture to say the time is not far distant when every hospital trained nurse will have this experience to complete her curriculum and increase her usefulness in the profession.

This is such a big subject, may we not hear

from some of our mental hospital superintendents on what, the general hospital nurse has to gain from mental hospital training, and the future of mental hospital training schools.

INTERESTED.



The Fever Thermometer

To the Editor of the Trained Nurse:

Great publicity has been given in the last few years to the common drinking cup as a disease spreader through germs adhering to the cup and being passed from one person to another. In this connection my attention has lately been called to the ordinary fever thermometer, such as used by physicians and nurses. It seems that this is even a greater source of danger as a disease spreader than the drinking cup, when one considers the way in which it is used. Physicians have been very careful of late years to thoroughly sterilize other instruments, but seem to have overlooked in a great many cases the fever thermometer. Since this thermometer registers only a little over 100°, it cannot be sterilized in boiling water, but must be sterilized by some means, such as alcohol.

So far as my observation goes, there are very few physicians who give any care whatever to the thorough sterilization of this instrument. Not long ago a physician of good repute and an excellent man, was called to attend a member of my family. His method of using the clinical thermometer is the same as that used by the majority of doctors. He took the thermometer from its little metal case, called for a glass of water, rinsed the thermometer around in the water, then reached for his pocket handkerchief to wipe it off. About that time our own thermometer was supplied to him for use. Barring, possibly, the pocket handkerchief, his method is not widely different from others. One physician with whom I conversed on this subject said that so far as he knew he was the only one of his acquaintances in the profession who used alcohol to disinfect the instrument.

The drinking cup has been proven, even when washed in running cold water, to still be a disease carrier. How much more so does the fever thermometer become when it is used altogether with some one who is supposed to be ailing. It is taken from the mouth of one patient to another, is used from one patient suffering with a germ disease and carried probably from that patient to one who is only slightly ailing, who may later become infected with an incurable disease through this innocent instrument.

Physicians as well as patients should have the

danger of infection well in mind and carefully guard against unnecessary exposure. If as much publicity should be given to the danger from the fever thermometer as has been given to the drinking cup, we believe that it would materially affect the spreading of disease.

STEWART W. JAMESON,



Echoes from Storm and Flood

To the Editor of The Trained Nurse:

I happened to be in Omaha on a visit at the time of the tornado, and from where my sister lives we saw it coming, and also could see the various things picked up and carried through the air. The terrible roaring which accompanied the tornado will never be forgotten; it certainly was blood-curdling. Then right after we could see many fires spring forth at various points. Fortunately we got quite a hard rain, which assisted greatly in extinguishing the fires.

Miss Stuff, of the Red Cross Society, was away over Sunday, so Mrs. Eugene Duval volunteered to take Miss Stuff's place till she would return the following day. Miss Stuff called some of the Red Cross nurses on duty and with their assistance, as well as some volunteer nurses, she managed the situation very well. The Episcopal church opened Gardner's and Jacob's Hall to shelter, clothe and feed the unfortunate ones, and the nurses dressed the wounds of the injured.

For those patients who needed hospital care arrangements were made with the various institutions, and they all were very good about caring for so many.

Then a number of nurses were sent out in the field of disaster, homes and conditions investigated, and after bringing the report to headquarters, relief of various sort was sent to the afflicted, and in many instances nurses would make daily calls to care for the sick and injured. All the physicians were very willing to help the nurses in their work, wherever it was needed.

After the patients were able, they would come to the Red Cross Tuberculosis Dispensary, which was also used for the purpose of an emergency dispensary, and a central place for the injured to come for their dressings.

In about ten days or two weeks after the disaster Miss Stuff dismissed the Red Cross nurses, and was able to look after the remaining number of patients in connection with her tubercular work.

I am so happy to say my relatives and I were among the fortunate ones to escape destruction to home or any personal injuries. OMAHA.

To the Editor of The Trained Nurse:

Many were injured in our city and some killed by the tornado. Our hospital was and is still crowded with people who have been injured and rendered destitute. It certainly was a terrible disaster, and it will take a long time to repair its ravages.

COUNCIL BLUFFS, IOWA.

To the Editor of The Trained Nurse:

My home is twenty miles from Peru, Ind., and is the nearest place to where the suffering was so great, so all my attention and services were directed in behalf of the sufferers. A great number of people were made homeless, and much of everything was needed. The court house still houses many people who are homeless, and many who are too ill to be removed. My home was made a relief station for supplies of all kinds, and under the direction of my husband and myself they were sent directly to the sufferers through the relief committee. I was unable to go to Peru myself on account of just recovering from a severe operation, but my best efforts were put forth in doing all I could at home.

DISKO, INDIANA.

To the Editor of The Trained Nurse:

Our town has been in a chaotic state, and most nurses on strenuous duty since the flood. From all accounts our town suffered most. No account which I have read has exaggerated the conditions one bit. Indeed, one might talk for hours or days, and yet be unable to tell of the awfulness of this calamity. We are all torn to pieces. Dead bodies are being discovered every day, and many are dying from exposure or the unusual strain during the flood.

HAMILTON, OHIO.

**The Nurses' Cap***To the Editor of The Trained Nurse:*

I would like to learn the origin of the nurses' cap and also the origin of black band on cap and what does it signify. Some think the graduate nurse is the only one entitled to wear it. In some hospitals the senior nurses and in some the head nurses. Can you give me any information concerning either?

HATTIE M. CORBY.

So far as we know, the nurses' cap was adopted by Florence Nightingale as a distinctive mark for nurses to distinguish them from ordinary servants or helpers. Also as a mark of authority.

There is no fixed rule regarding the black band. Some schools do not use it at all. Others arrange so that the cap is given after completion of probation. A narrow band on completion of first year, two narrow bands on completion of second year, and a wider band on graduation. The idea has come down to us from military circles, after which the nurses' school was originally copied to some extent. Semi-military discipline is still enforced in nearly all good schools. —ED.

**The Hospital Nurse's Vacation***To the Editor of The Trained Nurse:*

I would like to ask through the columns of the magazine whether it is customary for a nurse in training to be given leave of absence to nurse her mother or father, or the members of her own family, and also whether she loses her allowance for the time she is away, if allowed to go.

What amount of holidays do nurses receive in most hospitals? It seems to me that a vacation of two weeks a year is too little for those who work as hard as nurses, and have to study besides. It seems as though we ought to be allowed one whole month each year, and then it is little enough.

I would much like to hear how other nurses are faring in this respect.

I am going to send a report of a case I nursed recently, for I think all nurses can help others by writing occasionally of an interesting case. I wish more nurses would do this. PRIMROSE.

**A Soap-Stone Foot Warmer***To the Editor of The Trained Nurse:*

I have used this winter a soap-stone for a foot warmer for an old lady and have found it very useful. It remains hot longer than the rubber hot water bottles, and there is never any danger of it leaking and wetting the bed. It will last a lifetime. When she was able to sit up in a chair the warm stone was placed under her feet, and proved a great comfort. The stone is 8 x 12 inches, has a heavy wire handle in the one end, and cost sixty cents. The old lady says she would not want to go through another winter without it.

MIRA D.



The board of health of Cincinnati, Ohio, has appointed Margaretta Bennett and Mary L. Wright as school nurses.



GRADUATING CLASS, YORK HOSPITAL, YORK, PA.

In the Nursing World

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Vermont

Governor Fletcher, of Vermont, has appointed Miss Mary E. Schumacher, of the Brattleboro Memorial Hospital, as secretary of the Board of Nurse Examiners, to succeed Miss E. Myrtle Miller.

The third annual meeting of the Rutland Hospital Alumnae Association was held at the Hospital Assembly Room, May 6, 1913, at 3.30 P.M.

The reports of secretary and treasurer were read and approved, after which the following officers were elected for the ensuing year:

President, Cigrid B. Patch, R.N.; vice-president, Mrs. C. Buswell; secretary, Mildred I. Bush, R.N.; treasurer, Minnie P. Roddy, R.N.; auditor, Minnie Truran, R.N.

A communication from a former superintendent, Miss Randall, was read. After a little more business the meeting was open for general discussion. This time was fully improved, the subjects of professional duties and fees received for services being discussed in a free and interesting manner.

The meeting adjourned at 5 P.M.



Rhode Island

The Butler Hospital Alumnae Association, Providence, held its semi-annual meeting April 8, in the Potter Home for Nurses, the president, Miss Armenia Young, presiding.

Four new members were elected.

It was decided that the Alumnae Association entertain the graduating class early in June, with a reception and dinner.

After the business meeting a very excellent paper, on the "Generalization of Special Work," was read by Miss Armenia Young. A social hour, at which all the pupil nurses were invited, followed, and refreshments were served.



Connecticut

The annual meeting of the Graduate Nurses' Association of Connecticut was held at the Charter Oak Hospital, Hartford, Wednesday, May 7.

The meeting was called to order at 2.30 P.M., Mrs. I. A. Wilcox, R.N., in the chair. Reports were read by the secretary and treasurer. During the year forty-two (42) new members were admitted. Mrs. W. A. Hart, R.N., was elected a delegate to the convention of the American Nurses' Association, at Atlantic City, Miss Marcella T. Heavren, R.N., alternate. The following officers were elected: President, Mrs. W. A. Hart, R.N., Stratford; first vice-president, Miss Harriet E. Gregory, R.N., Waterbury; second vice-president, Miss R. I. Allbaugh, R.N., Hartford; treasurer (re-elected) Miss Helena T. Kelly, R.N., Bridgeport; secretary (re-elected) Miss Mary E. MacGarry, R.N., Hartford; chairman Printing Committee, Mrs. George W. Gould, R.N., New London; chairman Membership Committee, Miss E. E. Hanson, Meriden; chairman Ways and Means Committee, Miss Wilson, Stamford; chairman Legislative Committee, Mrs. F. R. H. Burgess, R.N., Wallingford. A vote of thanks was tendered Mrs. I. A. Wilcox, the retiring president. The meeting adjourned at 4.30 P.M., the members going to the Allyn House, where dinner was served.

The St. Francis Hospital Training School Alumnae Association held its semi-annual meeting Saturday, April 27, the president, Miss E. Riley, presiding. Thirty-seven members were present. Seventeen new members were admitted.

Interesting papers were read by Miss E. I. Marshall and Miss A. Z. Lynn. Miss R. Moore, treasurer, in her report, read that \$1,015.50 were received from the benefit whist for our free bed fund.

Delegates for the national convention in June, at Atlantic City, were voted for, resulting in the choice of Mrs. S. Gralton and Miss E. Toomey. After routine business was attended to a lunch and social hour followed.

The C. T. S. Alumnae Association held the regular monthly meeting on May 1 at Mrs. Marsh's home, 856 Howard Avenue, with the president in the chair. After the routine business was accomplished discussion followed in

regard to the proposed reunion for all graduates to assist in celebrating the fortieth anniversary of the school. Adjournment followed to the annual meeting in June, date to be decided later.



New York

With several hundred of the undergraduates, friends and others connected with the institution present, the graduating class of the Bellevue Training School for Nurses received diplomas April 23 in the nurses' residence in No. 440 West Twenty-sixth Street. There were twenty-eight in the graduating class and ninety-one received a certificate for the postgraduate course. Three certificates were awarded for a six months' executive course.

Dr. John W. Brannan, president of the board of trustees of Bellevue and Allied Hospitals, said 154 nurses had been inoculated with typhoid vaccine. None of those suffered ill effects, but of the few who did not receive it one had typhoid.

The commencement exercises of the Metropolitan Hospital Training School for Nurses will be held on Tuesday, May 27, at 8.30 P.M., at the school, Blackwell's Island.

Miss Minnie H. Lavine, R.N., has finished a nine months' post-graduate course at the New York Polyclinic Hospital Training School, and has accepted the charge of the hospital in connection with the New York State Training School for Girls, at Hudson, N. Y.

Elizabeth Ballard, class of 1902, Gowanda State Hospital, Collins, who resigned four years ago to take a post-graduate course at the Polyclinic, New York City, and subsequently did private nursing in Vancouver, B. C., has returned (April) to take charge of hospital ward.

Eda W. Meyer, R.N., resigned in March and was married to Mr. William Clausing March 24, 1913.

Gertrude Butler, R.N., 1911, after a nine months' post-graduate course at the Buffalo Homeopathic Hospital, and four months at the Wende Contagious Hospital, Buffalo, has settled in Buffalo to do private nursing.

Mary Senftle, R.N., 1911, has settled in Hornell to do private nursing.

Mayme Schweikert, '06, has been in San Antonio, Texas, with a patient during the past winter.

Mertie O. Anderson, after a three months' course at the Lying-In Hospital, Buffalo, is engaged in private nursing in Buffalo.

Charles Leinhaas, 1911, has been promoted to be night supervisor of the Gowanda Hospital.

Jennie Palmer, 1911, is taking a post-graduate course at Syracuse Homeopathic Hospital.

Edna Draggett, 1910, is taking a post-graduate course, at the Harlem Hospital, New York City.

Lewella Moffitt, 1911, after a post-graduate course at Bellevue, has accepted a position there.

Emma Zahnizer, 1900, is doing private nursing at Long Beach, Cal.

Helen Grosjean, 1904, has a position in the State Hospital at Fort Steilacoom, Washington.

Mrs. Harriet Manchester Knowland, wife of Charles H. Knowland, died April 23, 1913, at the Syracuse Hospital for Women and Children, from the training school of which she was graduated twelve years ago. She is survived by her husband, one son, Charles Henry, Jr., her father, two sisters and two brothers.

At a meeting of the Nurses' Alumnae Association the following resolutions were adopted:

WHEREAS, The Alumnae Association of the Syracuse Hospital for Women and Children realize in the death of Mrs. Harriet Manchester Knowland that they have lost one of their most active members, who was a cheerful companion and a good friend,

RESOLVED, We mourn our loss, and to the husband and friends we extend our heartfelt sympathy, and commend them to our Heavenly Father, who can comfort.



Pennsylvania

The commencement exercises of the graduating class of the Philadelphia Lying-In Charity Nurse School were held Tuesday evening, May 6, in the New Century Drawing Room. The program was an interesting one, consisting of music, both instrumental and vocal, an address by Dr. W. Reynolds Wilson, and a monologue by Mr. H. Frederick Wilson. Mr. G. Colesberry Purves, president, presented diplomas to Ella E. Janney, Katherine Fick, M. Rachel Densten, Bertha Emily Keifrieder, Mary King, Miriam Springer, Emily Kull, Geraldine Silvester, Mattie Leigh Jones.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-In Charity Hospital was held at the hospital on Thursday afternoon, May 1, at three o'clock. The president, Miss Miriam Wright, presided. Twenty-two members were present. The Alumnae Association will tender a reception to the graduating class of 1913, on Tuesday evening, May 20, at the hospital.

The death of Miss Gray, Class of 1898, who died from burns, was reported. The funeral was

held in Chester, Pa., on May 2, 1913. While at this meeting the nurses heard that the body of Miss Gray would leave for Chester on the 5.30 P.M. train. Flowers were sent to the station.

The following graduates of the Pennsylvania Orthopedic Institute, Philadelphia, have been placed in charge of mechanical departments at hospitals and sanatoria:

Miss Louise K. Harris, of Philadelphia, as official masseuse of the Norfolk & Western Railway Company, with headquarters at Roanoke, Va.

Miss Lula Fields, of Jacksonville, Ill., at the State Hospital in Kankakee, Ill.

Miss Lillian M. Smith, of Sicklerville, N. J., at the Bloomingdale Hospital, White Plains, N. Y.

Miss Florence V. Dunnick, of Harrisburg, Pa., at the State Hospital, Harrisburg, Pa.

Miss Mary H. Hamer, of Zanesville, Ohio, at the Colfax Rest Home, Colfax, Iowa.

Miss Anna Lynch, of Oakland, N. J., at the Bushhill Sanatorium, Philadelphia.

After five years as superintendent of the Lewistown General Hospital, Lewistown, Pa., Miss Mary N. Baird has tendered her resignation. During her time spent at the hospital, Miss Baird has made a most commendable record, and the institution owes a large part of its success to her professional and executive ability. This is particularly true in regard to her connection with the nurses' training school. For the present Miss Baird expects to take a well-needed rest, and her plans for the future she is not yet ready to announce.

Mrs. Amy MacLaren, graduate of the Butler Hospital, Providence, R. I., was elected superintendent of nurses at the State Hospital, Warren, Pa.

Miss Eva Bauer, graduate of the State Hospital, Warren, Pa., has gone to the Bellevue Hospital, New York, to take up post-graduate work.

Miss Elizabeth Love, graduate of the State Hospital, Warren, Pa., has taken charge of the Mechano-therapeutic Department, at the State Hospital, Dixmont, Pa.

Miss Nelle Platner, graduate of the State Hospital, Warren, Pa., has gone to Mt. View Sanatorium, to take up general work.

The Graduate Nurses' Association of the State of Pennsylvania will have its semi-annual meeting in Lancaster on Friday and Saturday, June 20 and 21, 1913, the date being made the third week in June to enable the nurses coming from the

western part of the State to attend the meeting of the American Nurses' Association in Atlantic City the following week.

The first session will open at 10.30 Friday morning. The principal business of the meeting will be the proposed amendments of the Constitution and By-Laws.

It is hoped that the nurses will make an especial effort to attend the meeting, to which the public, as well as the nurses, are cordially invited.



South Carolina

The seventh annual convention of the South Carolina Graduate Nurses' Association was called to order at eleven o'clock April 29, at the Charleston Hotel. The meeting was presided over by the president, Miss Minnie A. Trenholm, R.N., of Columbia, with about seventy nurses in attendance.

The exercises were opened with prayer by the Rev. William Way. Miss Agnes F. Koogan, president of the Charleston Association of Graduate Nurses, made the address of welcome. The response was delivered by Miss Frances E. Stricker, of Chester, first vice-president. Then followed an interesting address by the president of the association, Miss Minnie A. Trenholm, of Columbia. Dr. R. S. Cathcart, Col. James Armstrong, Miss Mary C. McKenna gave interesting talks. At five o'clock the nurses were entertained on an automobile ride. In the evening, from 9.00 to 10.30 o'clock, the Charleston Association of Graduate Nurses entertained at a reception in the banquet hall of the Charleston Hotel.

The second day's sessions were held on Sullivan's Island, at the residence of Miss Bulow.

Papers: Miss Oliver, "Twelve-Hour Duty"; Mrs. Jackson, "Visiting Nurse"; Miss Bulow, "Typhoid Fever."

Following are the officers elected for the ensuing year:

President, Miss M. A. Trenholm, Columbia; first vice-president, Miss F. A. Stricker, Chester; second vice-president, Miss B. F. Hertel, Columbia; treasurer, Miss F. J. Bulow, Charleston; secretary, Miss A. E. Coogan, Charleston.

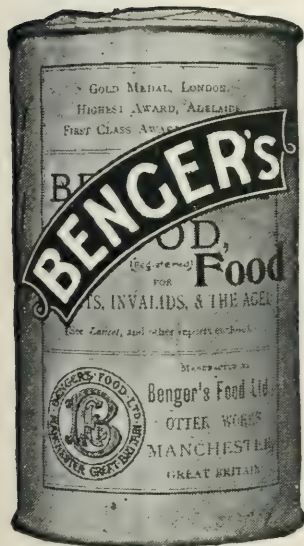


Kentucky

Miss Lela F. Baggerly has resigned her position as chief nurse at Longcliff Hospital, Logansport, Ind., and after taking two months much-needed rest, will engage in private practice in Louisville.

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Tennessee

The Graduate Nurses' Association of Tennessee, held its annual convention at Nashville, May 1 and 2, in the auditorium of the Y. W. C. A. Building. Mayor Howse welcomed the visitors to the city. Miss May Seab, president, responded on behalf of the association. Mrs. Lena Warner, of Memphis, spoke on "Registration." A talk of special interest was given by Mrs. Willie Acree on "Infant Mortality." Dr. W. E. Hibbett spoke on "Public Health." Other subjects discussed were Visiting Nurses, Hookworms, Surgical Nursing, School Nursing, Tuberculosis Work and Typhoid Vaccine. A reception was tendered the nurses at the Watkins Settlement House.



Texas

Miss Agnes M. Driscoll, graduate of Massachusetts State Hospital Training School for Nurses, has accepted the position of chief nurse at Dr. W. C. Williams' Sanatorium, San Marcos, Texas.

Miss M. Golder has been appointed superintendent of the Surgical Sanitarium, at Nacogdoches, Texas, having resigned her position at the University Hospital, Little Rock.



Arkansas

AN ACT

TO BE ENTITLED, "AN ACT TO REGULATE THE PRACTICE OF PROFESSIONAL NURSING IN THE STATE OF ARKANSAS; TO CREATE A BOARD OF NURSE EXAMINERS FOR ARKANSAS; TO REQUIRE THE EXAMINATION AND REGISTRATION OF THOSE DESIRING TO PRACTICE IN THE STATE AS REGISTERED NURSES, AND TO PROVIDE FOR THE PUNISHMENT OF OFFENDERS AGAINST THIS ACT."

Be It Enacted by the General Assembly of the State of Arkansas.

SECTION 1. That a board to be known as the Board of Nurse Examiners for Arkansas is hereby created and established. Said board shall be composed of six (6) members, to be appointed by the Governor of the State as hereinafter provided, four (4) of whom shall be graduate, trained nurses, and two (2) of whom shall be physicians.

Within thirty (30) days after the taking effect of this Act, the Arkansas Graduate Nurses Association, shall, through its president and secretary, submit to the Governor a list containing the names of six (6) physicians of good standing in this State, and the names of twelve (12) graduate, trained nurses. Each nurse whose name shall thus be submitted, shall be at least twenty-three (23) years of age, of good moral character, a graduate from a training school connected with a general hospital or sanitarium of good standing, where not less than a two (2) years' course is given in the wards, and shall have had not less than

three (3) years' actual practice in the profession.

From the list so submitted, the Governor shall, within thirty (30) days after the receipt thereof, appoint one (1) physician and two (2) nurses to hold offices on the said board for two (2) years from May 1, 1913, and one (1) physician and two (2) nurses to hold offices on said board for four (4) years from May 1, 1913. Thereafter, every second year, and during the month of April, just prior to the expiration of the respective terms of office, the Governor shall appoint as successors thereto one (1) physician and two (2) nurses to hold offices on said board for four (4) years, said appointments to be made from lists, submitted by the said Arkansas Graduate Nurses' Association, of not less than three nominations for each office, *provided*, that the nurses whose names shall hereafter be placed in nomination by the said Association shall be registered and licensed under the provisions of this Act, and shall in all other respects fulfill the requirements herein set forth.

SEC. 2. Vacancies occurring on said board shall be filled for the unexpired terms by appointments to be made by the Governor from like nominations to be furnished him by the said Association, *provided*, that if said nominations are not submitted within thirty (30) days after the vacancy occurs the Governor may appoint as a successor to such office on said Board such person, fulfilling the above requirements, as to him seems best.

SEC. 3. The members of the said board shall, before entering upon the duties of said office, take the oath prescribed by the Constitution for State officers, and shall file the same in the office of the Secretary of State, who shall thereupon issue to such person so appointed a certificate of such appointment.

SEC. 4. The members of the board shall, within thirty (30) days after their appointment, organize by electing one of their number as president of the board and another as secretary, who shall also be the treasurer of said board. The officers so elected shall hold offices for a period of one (1) year, or until their successors are elected and have qualified. The election of officers thereafter shall be held annually in the month of May, and in case of a vacancy in either of said offices the Board shall, within forty (40) days after the vacancy occurs, elect one of its members to fill said office till the next regular election, *provided*, that in case no such election be held within the time stated, the Governor shall appoint a member of said board to such office for the unexpired term.

SEC. 5. The secretary shall certify to the Governor after each election the names of the offices elected, and shall also notify the Governor, in case of a vacancy on said board or in the office of president. In case of a vacancy in the office of secretary the president shall certify the fact to the Governor, and in like manner shall certify to the Governor the name of the person chosen by the board to fill said office, if one be so chosen.

SEC. 6. The secretary shall keep a record of the minutes of the meetings of said board, and a record of the names of all persons making application for registration under the provisions of this Act, together with the action of the board thereon. The secretary shall also keep a roll of the names of all nurses who have been registered and licensed by said board to practice the profes-

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sion under this Act. Said records shall at all reasonable times be open for public inspection.

SEC. 7. All fees for the examination, registration and licensing of nurses hereunder shall be paid to the treasurer of the board, who shall issue receipts therefor, and the same shall be deposited by said treasurer quarterly in the treasury of the State, and there credited to and designated for the use of the said board of nurse examiners for Arkansas. The secretary shall make a good and sufficient bond unto the State of Arkansas for the faithful performance of such duties as may be required of him or her as secretary and treasurer of said board, in a sum and with such security as the board shall deem proper.

SEC. 8. The compensation of the members of said board shall be at the rate of five (\$5.00) dollars per day, for each day actually engaged in attending meetings of said board, *provided*, that the secretary may receive such extra compensation for services rendered as the board shall deem reasonable, which amount, however, shall not exceed the sum of three hundred (\$300) dollars per annum.

SEC. 9. All salaries of members and officers of said board, and all other expenses, proper and necessary in the opinion of the board to the discharge of its duties under and to enforce this Act, shall be paid out of such funds as shall be deposited by said secretary and treasurer of the board in the treasury of the State for the use of said board, upon warrants of the Auditor of the State, issued upon the requisition of the president, and attested by the secretary under the seal of said board, *provided*, that no salary or expense of said board shall ever be paid out of any fund or funds of the State.

SEC. 10. During the month of April each year the president and secretary shall file with the Governor a complete report of the actions of the board, and shall likewise, annually, in the month of April, file in the office of the Secretary of State a certified list of the names of all persons who have been registered and licensed to practice the profession under the provisions of this Act. The treasurer shall also, during the month of April each year, file with the Governor and the office of the Secretary of State a certified statement of the receipts and disbursements for the year.

SEC. 11. The Board is authorized to make suitable by-laws for carrying out its duties under the provisions of this Act, to fix the time for holding its regular meetings for the examination of applicants, to have an official seal, which shall bear the words, "The Board of Nurse Examiners for Arkansas."

SEC. 12. The certificate of the secretary of said board under said seal shall be accepted in the courts of the State as the best evidence as to the minutes of said board, and shall likewise be accepted in the courts of this State as the best evidence as to the registration or non-registration of any person under the requirements of this Act.

SEC. 13. It shall be the duty of the board to meet regularly once in every six months, for the purpose of examining applicants, and special meetings for examinations shall be called by the secretary upon the written request of three members of said board. Four members shall constitute a quorum at any meeting of said board.

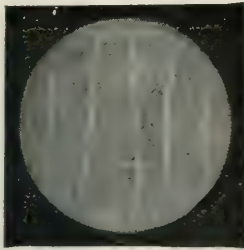
Notice of the meetings for the purpose of examining applicants shall be given at least thirty (30) days prior thereto by publication in a daily newspaper of general circulation in the State, and in a nurses' journal. The secretary shall, not less than ten days prior to the date of said meetings, also mail a written or printed notice of such meetings to each applicant whose name shall have been properly filed with said secretary, and no applicant shall be examined, or issued a certificate or license, unless said applicant's name shall have been filed with said secretary not less than fifteen (15) days before the date of said examination.

SEC. 14. The board shall have power to revoke any certificate, or license, issued in accordance with this Act, upon the affirmative vote of a majority of the entire board, for gross incompetence, dishonesty, habitual intemperance, or any other act derogatory to the morals or standing of the nursing profession, *provided*, that before any certificate, or license, shall be revoked, the holder thereof shall be given at least thirty (30) days' notice in writing of the charge or charges against him or her, and of the time and place of the hearing and determining of such charge or charges, at which time and place he or she shall be allowed to be heard with witnesses. Said notice may be given by personal service, or by registered mail, in which latter case the signed return receipt card shall be accepted as evidence of service. The president and secretary of the board are authorized to administer oaths to persons giving testimony at such hearings, and no evidence shall be received at such hearings, except it be under oath.

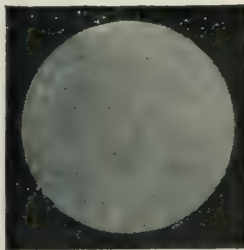
SEC. 15. Upon the revocation of any certificate, or license, by the board, as outlined in the preceding section, the secretary shall strike the name of such person from the records of said board, and shall note the revocation, together with the time of and the cause for same, upon the record. The board is authorized to recall and cancel the certificate, or license, of any person whose name shall have thus been stricken from the records of the board, and may employ such means for securing the return of the same as the circumstances warrant. The secretary is authorized to furnish certified copies of the records of the boards as to the registration or non-registration or the cancellation of the certificate, or license, of any person, to the secretary of a similar board in another State, upon the written request for the same.

SEC. 16. All persons desiring to practise professional nursing in this State shall make application to said board in the manner provided by this Act and the by-laws or rules of said board, and shall deposit with the secretary at the time of making application for registration, the sum of five (\$5.00) dollars, as an examination fee, which shall in no case be returned, whether the examination be passed or not, but in case the applicant passes the examination to the satisfaction of the board, then no further fee will be charged for registration.

SEC. 17. Before any person, except those herein specifically excepted, shall be given a certificate, or license, to practice professional nursing in this State, such person shall be required to undergo an examination to be given by said board touching applicant's qualifications as a graduate nurse, and shall pass the same to the satisfaction of the



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majority of said board. The examination to be given such applicants by said board shall be of such character as to determine the fitness of said applicant to practise professional nursing as contemplated in this Act, and shall be upon the following subjects: Practical nursing, surgical nursing, obstetrical nursing, hygiene, contagion, diet cooking, materia medica, anatomy, physiology, gynecology, care of children and urinary analysis, genito-urinary being also given to male nurses. If the result of the examination be satisfactory to a majority of the board, the president and secretary shall sign and issue to such applicant a certificate to that effect, which said certificate shall license the holder thereof to practice professional nursing in this State as a registered nurse. If the applicant fails to pass the examination he or she may take a second examination at the next regular meeting of the board, without being required to pay an additional fee, but in no case shall more than two examinations be given an applicant upon the payment of one fee.

SEC. 18. After May 1, 1914, all applicants, except the undergraduate nurses now in training hereinafter mentioned, shall be required to be at least nineteen (19) years of age, and shall possess a literary education equivalent to the course given in the eighth grade of the public schools of the State.

SEC. 19. All graduate nurses who are engaged in nursing at the time of the passage of this Act, or who have been so engaged within five years prior thereto and who shall show to the satisfaction of the board that he or she is of good moral character, and was graduated from a training school connected with a hospital or sanitarium giving a two years' general training course, and who in other respects meets the requirements of this Act, shall be entitled to be registered and given a certificate, or license, without examination, *provided*, that written application to be so registered and licensed be filed by such person with the secretary of said board within ninety (90) days after the organization of the board, said application to be accompanied by an affidavit, setting out applicant's preparatory training and experience, and a deposit of five (\$5.00) dollars as a registration fee.

SEC. 20. Any registered nurse from any other State, where the laws with reference to professional nursing are up to the standard set out in this Act, who shall show to the satisfaction of the board that he or she is registered in such other State and a graduate from a hospital training school where the standard of training and instruction shall meet the requirements prescribed by said board, who shall otherwise be qualified under the provisions of this act, and any nurse who shall have served in the Army or Navy of the United States, and shall have been honorably discharged therefrom, shall be entitled to be registered without examination, upon the payment of the registration fee herein mentioned, application having been made in the manner prescribed by the rules or by-laws of said board.

SEC. 21. All undergraduate nurses who are now in training in the wards of a general hospital or sanitarium of this State, where a two years' course of systematic instruction is given, and shall hereafter graduate therefrom, and shall possess

the other qualifications prescribed in this Act, shall be entitled to be registered and licensed without examination, *provided*, that they shall make application to said board, in the manner herein outlined for graduate nurses, within ninety (90) days after their graduation.

SEC. 22. Every person receiving a certificate, or license, from said board, shall have such certificate, or license, recorded in the office of the County Clerk of the county in which such person resides, and shall pay to such clerk the sum of fifty cents for recording the same.

SEC. 23. Any person who shall have complied with the provisions of this Act, and shall have received a certificate, or license, from said board, shall be styled and known as a registered nurse, and shall be entitled to append the letters "R.N." to his or her name. No other person shall assume or use such title, or use the abbreviation "R.N.," or any other letters to indicate that he or she is a trained, graduate or registered nurse.

SEC. 24. When any person shall append the letters "R.N." to his or her name, or shall use other letters, figures or signs to indicate that he or she is a trained, graduate, or registered nurse, it shall be *prima facie* evidence of practising the profession as a trained, graduate or registered nurse within the meaning of this Act.

SEC. 25. It shall be unlawful for any person to practice professional nursing in this State, as a trained graduate or registered nurse, without first complying with the provisions of this Act and receiving from said Board of Nurse Examiners for Arkansas the certificate, or license, herein provided for.

SEC. 26. It shall be unlawful for any person not having the certificate, or license, in this Act mentioned, to advertise to the public as a nurse, or to allow his or her name to be placed on a public record or list in a drug store, or in the office of a physician, or elsewhere, as a nurse, unless such advertisement, or list, or record, shall also state that such nurse, or persons, are not registered.

SEC. 27. It shall be unlawful for any drug store proprietor, physician or other person to publicly keep a record or list of the names of nurses, not registered and licensed as herein provided, unless such list or record shall also state that such nurses or persons are "not registered."

SEC. 28. The violation of any of the provisions of Sections 26, 27 or 28 of this Act shall be deemed a misdemeanor, and any person found guilty thereof shall be punished by a fine of not less than \$25.00 or more than \$250.00 for each offense.

SEC. 29. This Act shall not be construed to affect or apply to or prevent the gratuitous nursing of the sick by friends or members of the family, or to any person nursing the sick for hire who does not in any way advertise, assume, charge or claim to be a registered, graduate or trained nurse, or to registered nurses, residents of other States, who visit this State as companions or nurses for residents of other States, temporarily sojourning here, or to registered nurses from other States called to attend cases in this State by physicians of this State.

SEC. 30. In the opinion of the General Assembly an emergency exists. Therefore, this Act shall take effect and be in force from and after its passage.

Children Better Without Coffee

In childhood the emotional nature is peculiarly susceptible to stimuli, mental and material.

The young, expanding mind of the normal child is ever open to Life's mysteries, and the aim of parent, teacher and family physician should be to promote and maintain a healthy balance between physical and mental development.

Coffee, on account of its alkaloid, caffeine, stimulates the emotional and imaginative faculties, and, in children, is little less than a **menace** to normal well-being and the highest development.

Experience and comparison of effects in many instances have demonstrated that children of excitable, unstable nervous system while habitually allowed coffee at regular intervals, have gained stability and poise of nervous activity when put upon

INSTANT POSTUM

Postum not only replaces the alkaloid-bearing coffee as a beverage, but restores conditions more nearly normal, and hence greatly desirable for the growing child.

Postum now comes in two forms.

Regular Postum (must be boiled.)

Instant Postum doesn't require boiling, but is prepared **instantly** by stirring a level teaspoonful in an ordinary cup of hot water.

A level teaspoonful makes it right for most persons. A big cup requires more, and some people put in a heaping spoonful, temper it with a large supply of cream, and it has a snap and go which pleases some palates.

Experiment until you know the amount that pleases your taste and have it served that way.

The *Clinical Record*, for Physician's bedside use, together with samples of **Instant Postum Grape-Nuts** and **Post Toasties** for personal and clinical examination, will be sent on request to any Physician who has not yet received them.

POSTUM CEREAL CO., LTD., BATTLE CREEK, MICH., U. S. A.

The Board of Nurse Examiners for Arkansas has been appointed as follows:

Mrs. F. W. Aydlett, Little Rock, president; Mrs. H. E. Waller, Searcy, secretary-treasurer; Dr. Ida Joe Brooks, Little Rock; Miss Belle McKnight, Pine Bluff; Miss Menia S. Tye, Ft. Smith, and Dr. St. Cloud Cooper, Ft. Smith.

All graduate nurses in the State who wish to register without examination must file application with secretary of board not later than July 11, 1913, that being the last day on which they will be exempt from examination. Application blanks furnished upon request by Mrs. H. E. Waller, Searcy, secretary-treasurer State Board of Nurse Examiners.



Ohio

The graduating exercises of the Canfield-White Training School for Nurses took place Thursday evening, May 1, 1913, in Beckwith Memorial Church, Cleveland, Ohio. Prayer was offered by Rev. E. A. Simons. The program was in charge of Mr. Myron A. Bickford, a talented musician and director of the Bickford Mandolin orchestra. Several selections were given by the orchestra. Mr. Bickford contributed several solos in his usual artistic manner. Dr. Mary H. White awarded the medals and spoke a few words of cheer and encouragement to the graduates, after which followed an appropriate address to the nurses by Judge George S. Addams, which was listened to with marked attention. Mr. R. Wilson Derby, who was in splendid voice gave a vocal solo and responded to an enthusiastic encore. The diplomas were conferred by Miss Florence N. Maillieu, principal of the training school. After the benediction the nurses and their friends returned to the hospital, where refreshments were served. The graduates are Miss Louise S. Pagel, Miss Josephine E. Flick and Miss Henrietta E. Webber.



Indiana

The graduating exercises of the Training School of Schneck Memorial Hospital, Seymour, were held at the German M. E. Church, Wednesday evening, April 30, 1913.

Dr. A. G. Osterman delivered the class address and Mr. J. H. Matlock, president of the board, presented the diplomas and pins.

The graduates made a very charming picture in their white uniforms. The church was beautifully decorated in green and white, the class colors. The graduates were the Misses Leota and Burnetta Burch and Miss Alma Paupus.

This is the first class graduated from Schneck Memorial Hospital.



Michigan

The ninth annual convention of the Michigan State Nurses' Association was held at the Woman's Club House, Muskegon, April 30 and May 1 and 2. The address of welcome was made by Lieut.-Gov. John Q. Ross, and was responded to by Miss Carrie Vanderwater, superintendent of the Training School for Nurses of Grace Hospital, Detroit, Mich. Miss Elnora Thompson, of Chicago, presented a paper on "Mental Hygiene." The Question Box was in charge of Miss Ida Barrett, superintendent of Union Benevolent Hospital, Grand Rapids, and the "Problems of Small Hospitals" were discussed. State registration and training school inspection was presented by May C. Wheeler, Chicago, and "Private Duty Nursing" by Miss Katharine De Witt, Rochester. The social features included an automobile ride, luncheon at Hackley Hospital and a reception and musicale by the Woman's Club. The election of officers resulted as follows: President, Miss Fantine Pemberton; vice-president, Miss Elizabeth A. Greener; second vice-president, Miss Ida Barrett; recording secretary, Miss Mary A. Welsh; corresponding secretary, Miss Anna Mannel; treasurer, Miss Josephine Halvorsen.

Richards M. Bradley, of Boston, discussed his method of solving the nursing problem in the home of the middle-class family before a meeting of social workers in the parlors of the Hotel Pontchartrain, Detroit, Monday afternoon, April 21.

The committee of social workers, consisting of Fred M. Butzel, president of the Children's Bureau; Miss Charlotte Aiken, associate editor of THE TRAINED NURSE AND HOSPITAL REVIEW; Clair Saunders, Dr. John E. Brown, William Stratton, Lystra E. Gretten and Agnes Deans, all active philanthropic workers in the city, who called the meeting, will discuss the forming of the "clearing house of nursing needs" with H. A. Cohn, secretary of the Provident Loan Society, who gave as his opinion at the meeting that the society would be willing to finance the working of this new system of turning business efficiency toward the "working out of the nursing problem for the middle class family," as it is called by Mr. Bradley.

The twenty-third graduating class of the Training School for Nurses of the Grace Hospital, Detroit, held graduating exercises Thursday eve-

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To
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Supplied in 11-ounce bottles
only—never in bulk.

Samples and literature sent upon
request.

Prescribe original bottle to avoid
substitution.

In ANY form of DEVITALIZATION
prescribe

Pepto-Mangan (Gude)

Especially useful in

ANEMIA of All Varieties:
CHLOROSIS: AMENORRHEA:
BRIGHT'S DISEASE: CHOREA:
TUBERCULOSIS: RICKETS:
RHEUMATISM: MALARIA:
MALNUTRITION: CONVALESCENCE:
As a GENERAL SYSTEMIC TONIC
After LA GRIPPE, TYPHOID, Etc.

DOSE: One tablespoonful after each meal.
Children in proportion.

M. J. BREITENBACH COMPANY
New York, U. S. A.

Our Bacteriological Well Chart or our Differential Diagnosis Chart will be sent to any Physician upon request

A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

ning, May 15, 1913, at Chaffee Hall, when the following young women received diplomas: Ida Mae Harland, Gertrude Lagoria English, Edith Shepherd, Teresa Agnes Pike, Margaret Janette Graham, Mabelle Agnes Carroll, Hazel M. Wilson, Josephine Beatrice Bradt, Estelle E. Eddy, Mildred Elizabeth Trueblood, Stella Clarissa Beyreis, Ruby Marie Barribeau, Abbie L. Fitch, Clarice Campbell Graham, Antoinette Van Wormer, Mabel Olive Ryalls. Following the exercises a reception was tendered by the board of lady managers at the Helen Newberry Nurses' Home.



Marriages

On February 12, 1913, at San Antonio, Texas, Miss Elizabeth C. Osbaugh, graduate of Medico-Chirurgical Hospital Training School for Nurses, to Mr. George Reading, of St. Louis, Mo. Mr. and Mrs. Reading will reside in San Antonio, Texas.

On February 20, 1913, at Pittsburgh, Pa., Miss Beatrice Walker, R.N., Class 1912, Mt. Pleasant Memorial Hospital, Mt. Pleasant, Pa., to Mr. Homer R. Rumbaugh, of Mt. Pleasant.

On March 29, 1913, at Canjoharie, N. Y., by the Rev. George Davis, Miss Angelique Robinson, graduate of the Albany Hospital Training School for Nurses, to Mr. W. F. Bryan.

On March 5, 1913, at Philadelphia, Pa., Miss Flo C. Fair, to Mr. Robert Phelis.

On March 20, 1913, at Cape Vincent, N. Y., by the Rev. W. E. Cook, Miss Roxana S. Hinkley, of Cape Vincent, to Mr. Albert C. Otis, of Watertown, N. Y.

On April 17, 1913, at Fort Pitt Hotel, Pittsburgh, Pa., Miss Mary Jordan, Class 1912, Mount Pleasant, Pa., Memorial Hospital Training School for Nurses, to Mr. Charles Albright. Mr. and Mrs. Albright will reside in Scottsdale, Pa.

On April 15, 1913, at New York City, Miss Daisy Dwight, superintendent of the New York Hospital, graduate Nurses' Club, to Dr. Arthur Ward Van Riper, of Passaic, N. J.

On May 14, 1913, at Trinity Episcopal Church, Hightstown, N. J., Miss Helen Grace Norton to Mr. Arthur McCallum, of New Brunswick, N. J.

On April 9, 1913, at New Haven, Conn., Miss Hattie Isaacs, graduate of Grace Hospital Training School for Nurses, Class of 1910, to Mr. Louis Hamerman, of New Haven.

On March 24, 1913, at San Rafael, Cal., Miss Dorothy Allenburns to Charles Redding Lawson.

On April 2, 1913, at Herkimer, N. Y., by the Rev. P. F. Harrigan, Miss Theresa Coleman to Mr. Ray Wallace.

At Honolulu, H. I., Miss Effie Riley, graduate of the Union Hospital Training School for Nurses, Terre Haute, Ind., to Senator James A. Coke, of Honolulu.



Deaths

Mrs. Vivian Wheelock died at her home in East Pittsburgh, Pa., March 17. She was a graduate of the West Penn Hospital Training School for Nurses.

Mrs. Edith Hoon Stockwell, a trained nurse of Emmetsburg, Iowa, was killed by a train collision near Gothenberg, Neb., March 19, 1913.

Miss Helen Marguerite Miller died suddenly March 18, 1913, at Saranac Lake, of heart failure.

Miss Emma Graeff Scott, died at her home at Lebanon, Pa., March 24, 1913. Her death was due to a general breakdown, due to overwork in her profession.

Miss Clara Fisher, a well-known trained nurse of Fremont, Neb., died at the home of Mr. and Mrs. Frank Stecher, of Dodge, Neb., March, 1913, where she was called to take care of one of the children, who was ill with scarlet fever. The child recovered and Miss Fisher was stricken with the malady.

Miss Lela May Jessup, a nurse at the Peoria, Ill., State Hospital, died at that institution April 18, 1913, following an operation for appendicitis.

Mrs. Minnie B. Logan, wife of Dr. B. C. Logan, died at her home at Morrilton, Ark., May 4, 1913. Mrs. Logan graduated from Norton Institute, Louisville, Ky., in 1896.



HYPEROL

(A Utero-Ovarian Tonic)



of exceptional value in the treatment of all functional diseases of women. Relieves uterine spasm, regulates the utero-ovarian circulation, stimulates physiologic processes and restores the general health. ✱ Remarkably effective in amenorrhoea, dysmenorrhoea, sub-involution and kindred affections. Absolutely free from all opiates or narcotic drugs.

Gray's Glycerine Tonic Comp.

an unexcelled means of improving digestion, increasing assimilation and promoting nutrition—in brief, of raising functional activity of tissue cells and thus restoring the health and vital resistance of the whole body. ✱ A reconstructive tonic of known dependability, the results from which are permanent—not transitory.

THE PURDUE FREDERICK CO.

135 CHRISTOPHER STREET

NEW YORK.

NURSING WORLD—Continued

Kansas

Important—Kansas nurses. All nurses wishing to register in Kansas without examinations, must file applications with some member of the board of Nurse Examiners prior to July 1st, 1913. Even though nurses are members of the State Association, it will be necessary for them to fill out registration blanks, etc., and file same with board.



Illinois

The Training School for Nurses of the Hahnemann Hospital of the city of Chicago held commencement exercises at the hospital on Thursday evening, May 1, when the following young women received diplomas: Mary Aetna Briscoe, M. Cleone Denison, Elsie Singdahlsen, Georgia Claire Whipple, Bess Anderson, Marie Emma Krahn, Mary Zelma Ackley, Waita Maye Todd, Mabelle Dusenberg, Pauline Emma Pfafman, Ebba Rosell.

Miss L. Hanchett has been appointed superintendent of the Galesburg Hospital.

Nebraska

Miss Catherine Wollgast has been appointed anesthetist to Wise Memorial Hospital, Omaha, Miss Wollgast is also in charge of the laboratory work and the patients' history book.

Miss Theresa C. Weinhold, R.N., has returned to Omaha, having spent the last year in caring for her brother, the Rev. Gustav Weinhold, who died at Odelodt, Iowa.

Miss Anna Mott, Miss Mae Murphy and Miss Sexton, graduates of St. Joseph's Hospital, Milwaukee, Wis., have come to Omaha and taken up their work in this city.



California

Notwithstanding the great opposition from the hospitals, the bill placing pupil nurses under the eight-hour labor law, has passed the California Legislature.

(Continued in Publisher's Desk)

New Remedies and Appliances

Borolyptol

The trained nurse has so many occasions to use an antiseptic, germicidal and deodorant solution in and about the sick room, as well as personally, that she should certainly become thoroughly acquainted with Borolyptol for such purposes. To people of refinement the odor of many, if not most agents used for such purposes, is objectionable.

Borolyptol is fragrant and suggests nothing of a medicinal or drug nature. It is colorless and does not stain. It is soothing and healing and never irritates or roughens the skin. Its contained formaldehyde, while assuring an antiseptic and germicidal action equal to that of a 1 to 1000 bichlorid, is so covered and protected by its balsamic constituents as to render it entirely bland and unirritating.

The nurse can use it herself as dentifrice, mouth wash, gargle or spray for prophylactic purposes, as a douche, to be added to the bath, which it renders more refreshing and restful, for bathing aching and swollen feet, to allay skin irritation, to shampoo the hair, etc.

In the sick room it freshens and purifies the air, destroys unpleasant odors, and can be used for hand disinfection, for instruments, clothing, cooking utensils, thermometer, etc.

It is also useful in sponging or anointing scarlet fever or measles patients, or to keep the mouth in good condition in typhoid, pneumonia or other severely febrile disease.



An Open Letter

EDITOR OF THE TRAINED NURSE,
New York City.

The writer believes that when an advertiser makes a special offer to the readers of a magazine the publishers of that magazine have a right to know that the offer is made in good faith and that it will be carried out to the letter.

In the June issue of THE TRAINED NURSE AND HOSPITAL REVIEW the publisher of the R. R. R. Helps for Nurses makes two such special offers to your readers: First to send a perfect copy of the Ready Reference Register to any address on receipt of one dollar. If on examination the pur-

chaser is not pleased with the register in every respect she may return it and her dollar will be refunded promptly and without question of any kind.

The second offer is to send samples and descriptive literature of the R. R. R. Helps for Nurses free of all cost to any nurse who asks for them. These helps include the Readily Read Record, a modern daily record sheet, Temperature, Pulse and Respiration Chart, Thermometer Sets, Mouth, Rectal and Bath Thermometers in a sanitary combination case, and the Combination Bill Head and Receipt Book.

Both these offers are made in good faith, and if we fail to carry them out in every particular we are willing to be excluded from your advertising pages in the future. Very truly yours,

F. L. RUDDY.

Herald Building, Watertown, N. Y.,

May 15, 1913.



Synol Soap

Synol Soap produces a sense of actual cleanliness not reached through any other substance. Its constant use keeps the skin soft and smooth, and there is no disagreeable roughening, chafing and cracking of the skin so noticeable when other disinfecting soaps are employed. See advertisement in this issue.

JOHNSON & JOHNSON,
New Brunswick, N. J.



Nemo Corsets for Enteroptosis

We have received the following interesting letter from the makers of the famous "Nemo" and "Smart Set" Corsets:

"Since we have been advertising regularly in THE TRAINED NURSE, we note a greatly increased demand for our corsets from members of the profession, not only for their own use, but for their patients. Also a marked increase in the number of physicians who are prescribing the "Nemo," especially the Bandlet models, for post-operative cases, and even more largely in cases of incipient or established enteroptosis.

"Our new Bandlet Corset, No. 751, though

Experience

has won the abiding confidence of thousands of thoughtful **TRAINED NURSES** and **CAREFUL MOTHERS** in the absolute purity of

MENNEN'S BORATED TALCUM TOILET POWDER

confirming the recommendations of physicians everywhere, as superior to all others.

Mennen's is the **purest** and **safest** of Toilet Powders for "Mother's Baby" or "Baby's Mother." It not only smooths, but soothes the skin; not only hides, but heals the rawness or roughness and prevents chafing.



Mennen's Borated Talcum Toilet Powder

is as perfect as **Experience** and the **Science of Chemistry** can make it.

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on **Mennen's**.
Sample Box for 4c. Stamp

he **Gerhard Mennen Company**, Newark, N. J.



Trade Mark

In Scarlet Fever and Measles

there is no procedure that will contribute so markedly to a patient's comfort and well-being and at the same time prove so serviceable from prophylactic standpoints, as anointing the whole body at frequent intervals with

K-Y Lubricating Jelly

Itching and irritation are relieved at once, and while the activity of the skin is maintained, the dissemination of infectious material is also prevented. So notable are the benefits that result from the use of this **non-greasy, water-soluble** and **delightfully clean** product that its use has become a matter of routine in the practise of many physicians.

In addition to being "the perfect lubricant," K-Y has also been found an ideal emollient, and in no way does it demonstrate its great utility more convincingly than in the care of the skin during the exanthematous affections.

VAN HORN & SAWTELL

NEW YORK, U. S. A. and **LONDON, ENGLAND**
307 Madison Avenue and 31-33 High Holborn

Food for Typhoid Patients

ROBINSON'S "PATENT" BARLEY

FOR INVALIDS and those recovering from influenza, typhoid fever and other illness. Made into gruel or barley water is a food constantly recommended by Physicians.

ROBINSON'S "Patent" GROATS

for the nursing mother or for young children.

"Patent" Groats made into milk-gruel or porridge, can be taken three or four times a day, is very nourishing and easily digested.

Send for booklet giving directions for making many palatable dishes

JAMES P. SMITH & COMPANY

90-92-94 Hudson St. 33-35 E. South Water St.
New York Chicago

selling at \$7.50, has so many new points of style and hygienic value, that it is largely supplanting the \$4.00 and \$5.00 models.

"We beg to congratulate you upon the "pulling" power of your advertising columns, and the evident intelligence and discrimination of the readers of your excellent publication.

"Very truly yours,

"Kofs Bros."



Vanilla Cocoa

How many nurses have sent to Maillard's, Fifth Avenue, New York City, for a sample can of their cocoa? If you have not already sent, do so at once while their offer holds good, as they are anxious that every nurse shall have an opportunity to test the unusual merits of their Cocoa, which is the purest natural product, scientifically prepared.

Write your name and address on a post card and a sample can will be sent to you free.



Malnutrition

Malnutrition as a cause of infant mortality occurs in breast-fed as well as in artificially fed infants, and whether this common functional complaint is called marasmus, inanition, infantile atrophy or athrepsia, common consent points to arrested digestive growth. Growth being the principal function of infancy, any disturbance of it constitutes a serious condition. It is found that the absence of gastric activity is relatively constant in children suffering from malnutrition.

Bar considers malnutrition is due to lack of ferments in the infant's stomach.

Malnutrition requires a food in which in addition to the milk certain components should be present in order to compensate for the loss that is taking place as a result of disease; the fat should be restricted in the treatment, and its place must be taken by carbohydrates, the fat content only being raised with the increased weight of the baby.

The success of mixed carbohydrates in difficult feeding cases warrant their continuance. Cow's milk is an alien substance, and acts as a poison, unless ferments are present to modify it.

The intelligent use of Benger's Food at the hands of the physician or trained nurse is the only precise method of presenting, at once, a food in which the milk is modified by definite ferments, and the carbohydrates are converted into soluble malt sugars; the fat not being affected, milk sugar may be added.

Anxiety in the feeding of these difficult condi-

tions, which come under the heading of malnutrition, is at once removed, where Benger's Food is used at an early stage.

According to one medical authority: "In cases of marasmus and indigestion Benger's Food is, indeed, perhaps the most universally applicable of all foods."

The Benger's Food Company, New York, will be glad to send formulæ, samples, etc. Mention this paper when writing.



Adjustable Surgical Bed Frame

This new apparatus is designed to keep patients in a particular or incline sitting posture, known as the Fowler position.

It has proved to be the best bed for the treatment of peritonitis and all abdominal cases, and its use affords great comfort to a large class of patients for which an approximately sitting posture is a value.

With this bed frame you can change a hospital bed to a modern surgical bed in a few minutes. It is intended to rest on the spring of a standard ward bed and any mattress of soft material can be bent and used on this bed, which is 6 feet long and 36 inches wide, and will fit on any bed 3 feet wide or over.

In designing this bed care has been taken to provide a simple, practical and safe construction. This bed is made entirely of metal. The back rest is separately adjustable, while the seat and leg rest are adjustable together; the back-rest seat and leg-rest have a heavy steel wire fabric, fastened to the metal frames by 62 helical springs, the best and most durable spring made. The bed frame is made of steel angle bars, enameled white, and perfectly sanitary. J. A. Bartholme, 138 Hartford Avenue ext'd, Baltimore, Md.



Vacation

Nerve-racked by the strain of exhaustive nursing, "Vacation" is eagerly welcomed by nurses at large. How shall it be spent to secure the greatest rest is the thought uppermost. If "rest" consists in idle inactivity we have no answer. If "rest" means further development, we can safely advise: Take a course in Mechanical Treatments. Scientific Massage, Swedish (Ling) System, fits you for greater service in your chosen profession. It is the nurse fitted to cope with every emergency that is selected by the careful physician and surgeon for special work. One class only remains at present low tuition, and present three months' duration—summer class, opening July 9. Why not take advantage of it. All subsequent classes

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, has extended and enlarged the scope of this teaching and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course average over ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

Instruction both theoretical and practical is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately. Lectures by Dr. H. P. Boyer.

This course lasts four months, and the fee is \$25.

Examinations both practical and theoretical are required at the end of both courses.

Certificates Given

1701 Summer Street, Phila., Pa.

6 OZ.
SPRINKLER
TOP



One of above special bottles of
Glyco-Thymoline will be sent

FREE
Express Prepaid

to any *Trained Nurse* on application.

We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this magazine
KRESS & OWEN COMPANY
361-363 Pearl St., New York

increased rate, increased time. Let us send you our free Prospectus, describing our courses in Massage, Medical and Corrective Gymnastics. Electro and Hydro-Therapy, in connection with which each student receives a thorough course in Anatomy, Physiology and Pathology, through the most eminent lecturers in these subjects, invited by the faculty. May we not reserve a vacancy for you in our next class. Address Max J. Walter, M.D., superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia.



"Dix-Make" Uniforms

If you order uniforms made to measure you are asked to pay an exorbitant price, and you are compelled to wait unreasonably long for them, and in most cases you do not get well-fitting, smart-looking, satisfactory garments. Is this not so?

Why not, then, try the "Dix-Make" ready-for-wear uniforms, which you can easily and quickly get at some reliable store in your city? Why not see what splendid uniforms they really are in every respect? And why not save bother and annoyance and money, when you can get "Dix-Make" uniforms, which are guaranteed to give you absolute satisfaction?

No matter whether you are large or small, tall or short, there is your proper size uniform waiting for you at your dealers'.

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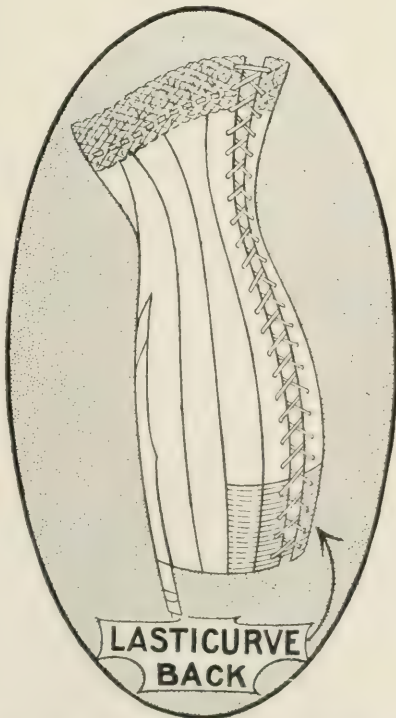
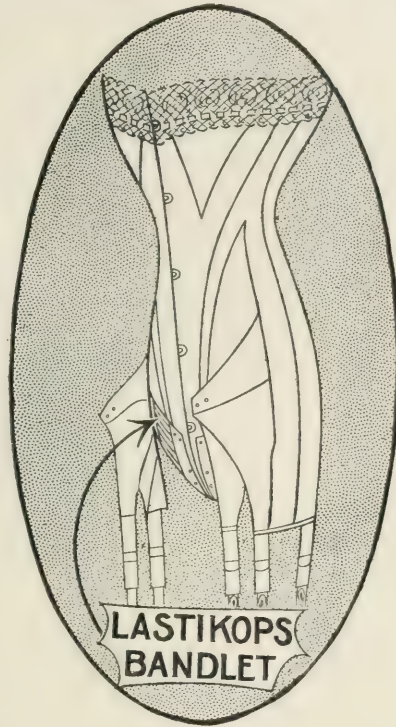
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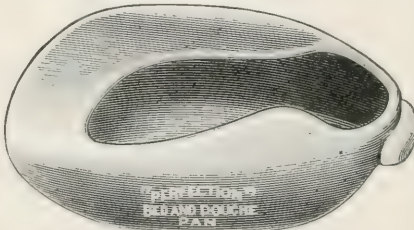
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No. 1

Social Service and the Great Two-Thirds

CHARLOTTE A. AIKENS

IN THAT marvelously stimulating little book, "Social Service and the Art of Healing," Dr. Richard Cabot, the author, discusses in the opening pages the blindness to foregrounds and backgrounds with which workers in the medical, nursing, and hospital world are liable to be afflicted. "Blindness to what is before you just this minute, and never before, or blindness to foregrounds, is," he says, "a very common disease, due to the habit of looking off into the distance, over the head, as it were, of the fact before you. But there is another type of blindness in which the sufferer can see nothing except the facts directly in front of his nose. This I call blindness to backgrounds."

Another writer* states the case in a little different way. "Every profession," he says, "has its own way of looking at the world. We see what we are interested in, and overlook what we are not looking for. This is true of social workers, and of doctors; of social institutions and of medical. The particular blindness of a medical institution is to see diseases instead of persons—a series of more or less abnormal and, therefore, interesting limbs, eyes, livers and hearts, incidentally, though necessarily, connected with human beings. We need to have the eye that sees people as well as disease, and, therefore, the physician, the specialist in

disease, needs to have by his side, the specialist in people, the social worker."

The beginning of organized hospital social service marked an epoch in the development of hospital work in America. Not that we had not—many of us who were in hospitals—tried, before, to assist the needy outgoing patient in a score of different ways, by putting the Associated Charities or the Visiting Nurses on his track, by communicating with deaconesses or church visitors, and in various other ways, but that we had done it in a desultory, haphazard sort of way, without much regard to system, and without attempting to apply any efficiency tests to our work in this direction, or to follow up the case to see whether the advice we had given was just what was needed to assist the individual to normal health and self-support.

The rapidity with which the hospital social service ideal has been accepted, is well-known. In its working out, the methods may have, in fact, *surely* have, departed widely from the plans originated and developed by its leader, Dr. Cabot, but the idea of maintaining a sufficient connection with the home and general environment of out-patients and such in-patients as was necessary for effective management of his health problem, and of a degree of team work between patient, hospital, doctor, nurse and social worker, has been kept in mind, and

*Michael M. Davis, Jr., Ph.D., Director of Boston Dispensary.

worked on as an underlying principle in most of the hospitals and dispensaries attempting the so-called social service. As in all other kinds of work, the degree of thoroughness with which it is done depends much on the personality, experience and habits of thought of the worker.

Somehow, some way, the idea of social service seems, in the minds of most people, to be inseparably bound up with charity in some form. That people who are not classed as "poor," should have *their social needs* studied and their health and sickness problems worked out, in accordance with *their* needs, just as is the generally accepted doctrine among hospital social service nurses is a thought which we have somehow failed to grasp. If they were poor, they would find an abundance of resources, an abundance of charitably inclined people, to provide such relief as they needed. But when it comes to social service for the great middle class—the class to which most of us belong—we find our imagination sorely taxed, and our facilities for dealing with the needs of these homes, just as sorely lacking.

What is social service? Write out the best definition your mind can evolve, and see if you can exclude the middle class from your definition. Social service is not and never should be considered as synonymous with "charity." Webster defines "social" as "*relating to men living in society, or to the public as an aggregate body.*" He defines "social science" as "*the science of all that relates to the social condition, the relations and institutions which are involved in man's existence, and his well-being as a member of an organized community. It concerns itself with questions of the public health, education, labor, reformation of criminals and the like.*" Nothing in that dictionary about social service meaning charity. The time must come soon when the nurse's vision of social service will enlarge and include the great two-thirds who

are neither very poor nor very rich, in her plans and ideals of social service.

John Smith is a street car conductor, earning two and a half dollars a day. He has a wife and two little children and a decently furnished home. Things were going along fairly well with them, though they found it impossible to get money ahead, in any amount. Every pay day found a waiting list of needs sufficient to use up every dollar. Her mother had helped them through the problems incident to the coming of the two babies, but the mother was dead. When John's wife developed acute rheumatism and bronchitis with it and was unable to get out of bed, and the baby and the three-year-old were to be taken care of, and John had to go off on his route early in the morning, he felt the need of social service of some kind. It is such a common, everyday kind of problem occurring in city, town and country hundreds of thousands of times in a year! Now, if John himself had broken his leg in addition to his wife's sickness and the two and a half a day had ceased to come in, the family would at once become an *interesting* sociological problem. Charity would be freely poured out. All sorts of help would be forthcoming. But the fact that John is still whole and sound detracts materially from the interest in his problem. He doesn't want charity. Would be mad if it were offered. What does he want? If you asked John himself he would tell you that what he wanted was a clean, practical, kind, motherly sort of woman, who would look after his wife and see to the children a bit and the home till his wife "got around" again. He'd tell you, probably, that he could get his meals anywhere along the route. He'd be willing to give such a woman one dollar and a half of the two and a half he earns, if he could find such a person. The doctor agrees with John. He says that's what John ought to have. He perhaps knows of some such woman and he gets her and installs her in

John's home. But perhaps he doesn't know of any such person to be had. Then what? The district nurse, if there happens to be one in the place, may call and give John's wife a bath, a soapsuds enema, take her temperature and make the bed. But after she has gone—then what? There are several graduate nurses at the nurse's home and registry, but they—well, you know about the registry rules and the fixed fee, and what a nurse has to endure who lowers her price to help John out. Clearly, that isn't what John needs. He never asked charity from any one in his life. He can, if necessary, borrow a little money from the Provident Loan Society, and give the furniture as security, as he did before, when the children were sick. A general manager of a Provident Loan Society told me not long since that 50 per cent. of the loans made by his society were made necessary by sickness. He said that in John's circumstances men who couldn't afford graduate nurses and didn't know where to get any one else, had to stay home from their work to care for the sick wife, and when pay-day came there was either a depleted pay check or no pay check at all to keep the home machinery going.

Why should we pour out all our sympathy on the "submerged tenth" and those almost in that class, and reserve none for those in the class with or very close to John Smith—the teamsters, masons, policemen, clerks, tailors, carpenters, mechanics, preachers (most of them), stenographers, teachers, butchers, grocers, farmers and "small business" people—the hardworking people who are doing much of the world's best work. Why shouldn't we work out a system of "social service" to meet the needs of these people in sickness.

"Let John's wife go to the hospital," says some one. What about the two children to be fed and cared for? And, anyway, is it good business sense to tax the public to build hospitals for people who could be cared for safely and well at home, if we approach

John's need in a businesslike manner, determined to work out the problems of his home economically and efficiently.

"There is no reason why the poor or the middle class should have inferior nursing"—a perfect chorus of voices shout that answer. But, really, John's wife, though ill, is not *critically* ill. The doctor insists on her being in bed, and she is too sick to do otherwise, but the trained nurse wouldn't care to assume the responsibility of the domestic work and the nursing, and it is clearly out of the question to provide a trained nurse and a domestic in addition.

The nurse who stated in a public meeting not long ago that the middle class could pay graduate nurse prices if they wanted to, and that it was simply penuriousness that prevented them, was surely suffering from blindness to foregrounds and backgrounds, and, I should say, middle grounds as well. She surely hadn't given much study to conditions, and the nurse who published the statement recently that "we claim that the poor are worthy of as efficient care as are the well-to-do or the rich; that no amount of preparation is too great for their service, and we know that in the large cities, especially, no person, however poor, need suffer for good nursing care, for such is provided, first, by all the public hospitals and dispensaries, then by a large number of different agencies, such as visiting nurse associations, school nursing, settlement nursing, etc."—the nurse who wrote that is suffering from the same sort of blindness as the nurse who claims that mercenary motives are all that prevent middle-class people from employing trained nurses. Such superficial arguments may satisfy those people who never were known to think any whole problem through, but they will never satisfy real students of social science, nor those who are sincerely interested in the problems of John Smith and the thousands of others of which he is a type, nor those who are anxious to see the principles of economy and efficiency in the

whole care of the sick, given practical expression.

We shall never make any headway in dealing with this problem till we come to the place where we admit that the average home is the *natural* place to be in, in sickness as well as in health, unless the disease is of such a kind as to endanger those in adjacent homes, or unless it requires a lot of expensive apparatus not found in average homes—as is the case in most of the surgical work. *We shall never make progress till we consider the patient and the home of which he is a part, as two sides of one and the same problem, and until we prepare not only to take care of the sick one in the home, but also of the home during the sickness.*

That such forms of blindness are quite common is seen in the following quotation from a nursing magazine for April on "The Grading of Nurses," in which the writer says:

"A paper was read at the convention, advocating the grading of all nurses—all those who nurse for hire—making the securing of a license from the health department necessary for those who have no training or only a partial training. This seemed to some to be a solution of the problem of providing efficient (?) care for the sick.

"But could such care as that given by those holding such licenses be reasonably called efficient? And why should we consider our whole duty done when only unskilled, inefficient care is provided for those who have only a very limited amount of this world's goods? Is it a crime to be poor? The very fact that the sick one is poor calls for the greatest skill, ingenuity, foresight and tact on the part of the nurse, that the best results may be obtained. The *best* nursing, not just any kind, must be provided for the sick poor.

"Then, forsooth, we boast about our *profession*. Could nursing dream of being ranked as a profession, if all sorts and conditions—untrained, partially trained, gradu-

ates of correspondence schools and other special schools—were classed as *nurses*? Has any profession set us such an example? None."

Now, these remarks are high-sounding and so idealistic that a good many nurses may agree to shut their eyes and swallow them whole, without asking one question about them, and *what they are intended to do*, or what the writer would suggest be done. But there are two formidable objections to them. First, they are not true—at least, not wholly true. The teaching profession is graded all over America and, so far as I know, the world over. The young woman who is the center of a group of school children in the mountain regions of the southland, or on the prairies of the Northwest in a rude hut, and without many of the conveniences considered essential in a city school is a *teacher*, just as much a teacher as the learned instructor in Columbia or Harvard. The ministerial profession is also graded—and sometimes the minister is called preacher, pastor, clergyman. Sometimes he is ordained, sometimes unordained, sometimes a traveling preacher, sometimes what is termed "local preacher," or some other qualifying term; but whatever qualifying terms are used, he is a *preacher*, even though his sermons may not amount to much. So we have two good examples of grading—at least two—in the professions.

The second objection to the quotation is that the writer presents no feasible or unfeasible plan for providing this highest type of nursing to everybody, which she suggests they ought to have; and you can't get up much enthusiasm nowadays till you present an apparently practical, workable plan.

Such remarks are on a par with the school-boy's composition on "Christmas." "Everybody ought to have roast turkey for Christmas," he said, but he neglected entirely to mention how or where they were all to get it, and, of course, everybody didn't have roast turkey for Christmas. Neither will

everybody be well nursed till we get rid of a lot of prejudice and self-seeking, and agree to do the best thing that seems possible to be done under present conditions, even if we can't have our highest ideals at once put into practice.

We have wasted a tremendous amount of breath discussing this problem in the past decade. Nurses have been criticized for not meeting the needs of this class of people—but the simple facts are that the task is too vast for nurses alone to ever handle. The middle-class people are too numerous. The organization needed to carry the burden and offer this service on anything like an adequate scale demands a high type of financial and executive ability, and it demands, also, that its membership be such that no motives of self-interest can be imputed to them.

There are not enough highly skilled nurses to more than touch the fringe of the great need as it exists in town, city and country districts, and there never will be enough hospital trained nurses to do all the nursing that needs to be done.

There really is no sense in a nurse who has spent three years in preparing herself as a highly skilled surgical nurse—which is what the hospital schools are mostly turning out—spending her time washing dishes or looking after children, when some one else who sorely needs her nursing skill cannot get her.

A prominent social worker recently made the statement that in no line of work was there such prodigious *waste* as in the utilization and distribution of the skilled nurse's work—simply because we were not organized to meet community needs.

Such organization is bound to come—has

already come—in a few places. It makes very little difference whether or not we get laws restricting the word "nurse." There will be "nurses of the old school"—the kind John Smith wanted—long after we nurses of the present generation are dead. The word "nurse" is too deeply rooted in the world's life and history to be easily killed out, or prevented from being freely used. What we need is a co-ordination of agencies for the care of the sick that already exist. There are nurses who have assumed the "holier than thou" attitude, and who are more deeply interested in what nurses shall be called than they are in getting the sick well cared for, but such nurses are a very small fraction of the great body of splendid women in the nursing field who need only the right kind of help from various other classes of workers in the cause of social welfare, to take their proper place, when the practical system of social service for the great two-thirds is developed, as it surely will be, ere long.

If any of us are in the condition of a horse with blinders on, so that he can only see what is exactly ahead of him, let us try to get the blinders off and take an all-round view of the general situation. Let us try to enlarge our vision of "social service." Let us not worry very much as to whether or not we are called "*a profession*," so long as we really are keeping close to the needs of humanity, and doing the duty that confronts us, without shirking or dodging or saying, "Let some one else do it." It is still true, as it was written: "He that loseth his life shall find it." It was in losing herself in the needs of others that Florence Nightingale became immortal.

The Need of Fairness

ANNETTE FISKE, A.M., R.N.

THE so-called leaders in the nursing field, are constantly emphasizing the educational requirements, both general and professional, that training schools should adopt as a minimum. Emphasis is constantly laid by them upon the amount of book knowledge to be required, and upon the number of hours of hospital work. Of the quality of the work or the practical serviceableness of the knowledge, nothing is said, and admittedly competent nurses are refused recognition because their training has not included the cut and dried number of hours in certain subjects. Yet *service* is the nurse's only excuse for existing, and if her training does not make her pre-eminently of service to others, it is a failure.

Miss Goodrich's paper, read at a meeting in New York City, entitled "The Need of Orientation," is nominally a plea for studying the whole field of nursing with a view to planning the best training for the nurse; but in reality it is a plea for the high school requirement for entrance to training schools, and for the registration of nurses. To be sure, one short paragraph describes in a very general way the various fields of nursing and another somewhat longer one gives a brief outline of the desirable course for training schools to adopt; but for the most part the article deals with the present occupants of the nursing field, their shortcomings, the variations in the training given in different schools, and the cure of all difficulties by the requirement for the would-be nurse of "a broad general education, not less than a full high school course, her studies there to be directed toward her later professional preparation. Upon the completion of the high school course, she should enter upon her three years' professional preparation. For three years it should be, except for the college graduate, for whom a time allow-

ance, possibly not to exceed a year should be provided."

Now, I have the good fortune to be a college graduate as well as a trained nurse, and I am thankful for both kinds of training, but one of the best nurses I know—and I would back her against any in the profession—had very meagre educational advantages, the grammar school course only. She is a born nurse however, a hard conscientious worker, and she is always in demand, deservedly so; nor is she an exceptional case by any means. By their fruits ye shall know them. It is not what one has received in the way of education but what one can give in service, that counts in all walks of life, but especially in nursing. Therefore the desirable material for a nurse, is the woman of a certain type, whether college graduate, high school graduate, or merely grammar school graduate, the woman with high ideals of service and devotion to the welfare of mankind who may be expected to give such exacting service as is required in nursing. Not so much the study and love of books, as the study and love of human beings and life, is needed in the woman who would become a nurse.

Miss Goodrich makes the statement that "not an inconsiderable number of educators have been approached of late years concerning the academic qualifications to be required for the profession of nursing," but may we ask, *what do educators know of the profession of nursing and its requirements?* As Professor Winslow very aptly says in introducing his statement of the requirements for the visiting nurse in public health work, "*I have no knowledge of the requisites for sick nursing,*" in other words he has no knowledge of a good half of the subject about which his opinion is asked. And yet his views and those of other educators with

as little knowledge, are quoted as authority for the necessity of high educational requirements. Other things being equal, any one will admit the advantages of education, but there is no gainsaying the superior advantages of tact, gentleness, and patience, that is of personality—over education pure and simple, in the profession of nursing. For my own part, I believe a college education tends not only to turn young women from nursing, though it is a pity it should be so, but to unfit rather than to fit them for it, especially for private nursing with its many homely duties. So many years of purely theoretical work are not an especially good preparation for such a practical calling as nursing. The woman who is used to home duties will take to it more readily. Besides, having given four years to study in college, most young women will not, and cannot afford to give another three years to study, unless the future reward is to be commensurate with the time spent. The openings in nursing however, do not compare with those in medicine, for example, from a worldly point of view, and this is a worldly age, to say nothing of the need most have of earning a living. As for the suggestion that a year of training be deducted for college graduates, that seems to me absurd, as the college course could never take the place of practical nursing experience. The preparatory course alone could be safely sacrificed and that sacrifice even would not be well made, as one is not likely to have studied in college the variety of subjects needed for training. Where so many occupations are open to women, especially to college women, nursing with its hard work and low wages, its lack of independence in private work, will not appeal to any but the most altruistic. The opportunities in nursing are wonderfully fine and any woman who wants to make the best of herself and get the most out of life cannot choose a nobler profession, but she must have a love for the work and for humanity. The most highly

trained nurse is a failure if she has not the right temperament and make-up to appreciate not only her own opportunities, but the misfortunes and hardships of her neighbors. If she cannot understand her patients and sympathize with them, she is a failure, however good her work may be technically.

As for the high school as a requisite, is it practical to demand it? "Until recently" Miss Goodrich says, "no emphasis was placed on the educational qualifications of the candidate, and as long as the supply exceeded the demand, inasmuch as the more highly educated women almost invariably proved herself to be the better subject for training, the importance of a standard was not appreciated. No such selection can obtain to-day, and the educational range is from the seventh grade grammar, to the full college course." This may be true, but as the choice of candidates was apparently left with perfect safety to the superintendent or principal of the school in the past, so now the choice, which seems to be only Hobson's choice after all, may best be left to the person who knows most of the candidate and her fitness for the work, the superintendent. No criticism is made of the class of candidates accepted in the past, though many present-day candidates undoubtedly surpass them in the matter of education. Be that as it may, however, of what avail is a standard that does not and cannot raise the schools to a higher level but merely bars many good schools from recognition as such? If the requirement of the high school education were a possibility for all schools, it would be reasonable enough, but Miss Goodrich fails to state what the schools are going to do to obtain the needed supply of nurses for their hospitals, if, where "no such selection can obtain," they yet refuse applicants not having a high school education. It sounds rather fine and important to say: "I do wish to emphasize, however, the ur-

gent need of determining upon a minimum general and professional preparation of the nurse, and, by such a rational method as Rendiger outlined, completely divorcing for the moment all consideration of the need of the hospital for a free nursing service, or of the public for a cheap article, believing that the conclusions so reached will be for the ultimate benefit of all members of the community, rich or poor." The world does not progress by such strides, however, and we cannot sacrifice the present altogether to the future. The sick in the hospitals must be cared for, and if a sufficient number of young women of education are not ready to take up the work, what are the hospital schools to do but take those who are willing to come? As we shall see later, these "leaders" are constantly urging the case of patients in hospitals, rather than in their homes, yet they apparently have little heed for their welfare after they get there, though good care of the patient and good training of the nurse go hand in hand. It is easy to say that none but high school graduates shall be accepted for training, but when a certain number of nurses are needed to care for the patients in the wards, what then?

Some of us would hardly expect the most intelligent women to go where the training is most limited, but Miss Goodrich seems surprised that the best pupils should be found in the best schools and *vice versa*. Perhaps that is why she advocates this high school requirement that is sure to drive many young women otherwise well fitted for nursing into the poorer and cheaper schools, where she apparently feels they ought to be. Registration is supposed to be for the benefit of the public, to protect it from the poorer class of nurse, that is those graduated by the correspondence schools, and yet in New York, the banner registration state, Miss Goodrich says that one of these correspondence schools alone reported 3,000 in its last graduating class, while the total

number of graduates from the 123 registered schools of the state was but 1,184. The largest regular school west of New York reports only a few over 600 graduates in 20 years, one correspondence school 12,000 graduates in 10 years. And why not? If only graduates of high schools, or even those having had a year in a high school, are to be accepted by the regular schools, why should not those young women with a bent for nursing and no opportunity for more than a grammar school education, turn where they will be given a chance to learn to care for the sick and earn a congenial living, namely, to the correspondence schools? One is tempted to wonder not only whether these nurses who are constantly talking higher education and the great opportunities of the nurse, ever did any private or district nursing, or any kind of nursing, outside of the hospital, and whether they ever had a high school education themselves before they entered upon their training. Theories are easy to formulate and express, and one can wax very enthusiastic over the beauties of the work another is doing, and all the preparations she ought to take before she is allowed to undertake it, but there are practical considerations that make many of these theories of less value than the paper they are written on.

To what does all this talk about educational requirements lead up? To the necessity of requiring "a license," "to protect the public from fraud and incompetence," namely registration. Miss Goodrich thus states the training that each nurse should receive: "not less than four months, and preferably eight months, should be devoted to such theoretical preparation in central schools of nursing or departments of nursing in the colleges, for it has been clearly demonstrated that the burden and expense of such preparatory preparation cannot and should not be carried by the already overburdened hospital. The preliminary pro-

professional preparation must be followed by not less than two years' practical experience in the hospital, the units of experience to be determined by the vital statistics, not by what the individual institution has to offer, with a definite period apportioned for each branch. Roughly estimated, as we see the need to-day, this might be: medical nursing four months, surgical nursing four months, pediatrics three months, obstetrics two months, mental diseases three months, tuberculosis three months, operating room technic two months, dispensary one month, making a total of twenty-two months (=not less than two full years!), and should include the care of both private and ward patients." This sounds very well and suggests a comprehensive training, but how much emphasis is really laid upon the thoroughness of the nurse's preparation, upon her capacity to care for the sick, and so safeguard the public? "Our responsibility ceases; our point has been made when the line of demarcation is clear." "The line of demarcation" here means the line between fully trained nurses and attendants, the existence of which latter class and even its possible usefulness is actually admitted as a future possibility. It is only necessary, then, to make the nurse distinguishable from the attendant by the fact that she has had a certain amount of training, regardless of what attendant or nurse is capable of doing for the sick. Not a word is said of the personality or character of the nurse throughout. It is only a question, apparently, of education and training. Every nurse, to be a nurse, must have had just so much general and professional training, and if she has, she will be capable. If her training varies from the standard set—well it must be brought into line. At least so it would appear from the experience of the graduates of the school which probably gives a course as near or nearer to that mapped out than any other school; for they are debarred from registra-

tion in New York State and in some other states, from membership in their own state association and the national association, from the Red Cross, and quite lately from the National Organization for Public Health Nursing. Why? Well let us see.

The school is the Waltham Training School, of which I am proud to write myself a graduate, and those who would debar the Waltham graduates from full standing in the profession shall speak for themselves. For these protectors of the public, these public spirited registration leaders admit the excellence of the Waltham training even in the same breath that they refuse recognition. I will merely state of the Waltham course that it is now four years, with a preparatory course of nine months, that the average amount of hospital duty is two full years (24 months), though some receive rather less, some more, and the two full years is not promised, and that the rest of the training, which consists of district and private nursing, gives a most valuable training in dealing with people and varied conditions that can never be given in a hospital.

The object of registration, as set forth by Miss Palmer, is "greater uniformity in methods of training, and *a means of discriminating between those women who are sufficiently trained and those who are not.*" The italics are mine.

As far back as 1906 Miss De Veber, principal of the school, received this letter from the Education Department of New York State, Albany.

"Dear Madam:

"I beg to inform you that on the information received from our correspondents we are this day registering the Waltham Training School for Nurses. No formal certificate of registration is issued to schools without the State, this letter being sufficient warrant on which to inform your graduates that the school is registered.

"Yours respectfully,
(Signed) "HOWARD J. ROGERS,
First Assist. Commissioner of Education."

This shows clearly what the school was then and how it impressed those in authority. In November of the same year, however, Mr. Rogers wrote: "I beg to advise you that subsequent to the communication referred to we were under the necessity of rescinding the registration of your school on advice from the *State Board of Nurse Examiners*." The italics are again mine. Then came a visit from Miss Alline, inspector of training schools in New York State, and the statement that they did "not find any method of registering the school as meeting the requirements of the statute of New York State under existing conditions." Miss Alline herself wrote:

"My knowledge of the school is based not alone on the visit of last spring, but also on a study of the printed reports, etc., obtained there, the reputation of the school and a personal acquaintance with work done by your graduate nurses in Boston.

"I have come to believe that for general, all-round training the Waltham school offers exceptional opportunities. I can see in that field, with the present equipment, quite an ideal training. In a great measure I believe the work is being satisfactorily carried on now. In a number of points I believe slight changes would be of advantage, while in still others greater development or possible substitution would, to my mind, be beneficial. Two especial features I would like to mention as being carried on now in such a satisfactory manner. First, the preparatory course, which certainly is most thorough and far-reaching. . . . The second feature

of which I wish to make special mention is the district visiting nursing. I most heartily approve of such training and believe it will be required by our State boards, before many years, as one of the essential departments of every training school. . . .

"In closing this report, may I say that I was very favorably impressed with the Waltham Training School for Nurses, and shall be pleased to say a good word for it as opportunity offers." I wish to quote further from Miss Alline's letter, but this will do for the present. It shows her approval of the school.

Again, in 1911, Miss Goodrich wrote: "I appreciate so much the thoroughness of the preparation of your pupils and the value of their course to them, that I regret to have to write you that I do not see how it is possible, under our law, to register the school.

"You do not give the full two years in the hospital that is required. . . . I cannot think that your nurses should spend four years in obtaining their training without having even this moderate hospital experience. I wish that every nurse could have the thorough preliminary preparation that you give your students. It would be as valuable and is as necessary for them as I believe the active hospital experience is for the Waltham School." And yet most of the registered schools have no such preliminary course and it is not held up against them. *Here is consistency! Here is protection of the public! Here is the benefit of the registration of training schools!*

(To be continued)

Note on the Selection and Use of Disinfectants

J. T. AINSLIE WALKER

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INTRODUCTION

THE struggle against disease is very largely a struggle against infection, and seeing that pathologists are now agreed that the causal agent in each case of infectious disease is a micro-organism, or germ, it follows that the destruction of this causal agent must always be an important factor in the struggle.

It is scarcely necessary to enter at length into the nature and action of germs. They are known to be practically ubiquitous. They abound in filth of all descriptions, attach themselves to articles of clothing, are found floating in the atmosphere, on particles of dust, and are transferred from place to place on the feet and wings of the common house fly, through whose agency articles of food, and particularly milk, are frequently contaminated. Hence the imperative need for the destruction of germs wherever their presence is known or is likely to exist. Fresh air, direct sunlight, boiling and dry heat, all play a part in the destruction of germs: but the circumstances in which one or other of the above can be brought into play are necessarily limited, and for this reason chemical disinfectants are the agents most commonly relied upon. Some knowledge of the use and action of these preparations is an essential item in the nurse's equipment. As a rule the selection of the disinfectant does not rest with her, but at the same time circumstances may well arise in which she may have to decide this important point for herself; and it must be remembered that in certain cases the use of an efficient preparation may not inconceivably mean the difference between the life and death of her patient, while in others the same factor may play a prominent part in

preventing the spread of epidemic disease. It is therefore essential that she should possess the knowledge necessary to enable her to distinguish between efficient and non-efficient disinfectants, the more so as the latter are in an ever-increasing majority—a deplorable circumstance due to the fact that at the present time in every State of the Union, with the single exception of Maryland, the law permits the sale of (disinfectants) which do not disinfect.!

The first step in the selective process is the recognition of the difference between

1. Antiseptics.
2. Disinfectants.
3. Deodorants.

An antiseptic is a preparation which arrests the development of germs without destroying them; a disinfectant, one which destroys germs; a deodorant, one which possesses neither antiseptic nor disinfectant qualities, and is, in fact, most commonly used for the reprehensible purpose of cloaking a bad odor without removing the cause.

Having recognized the difference between disinfectants, antiseptics and deodorants, the next step is to separate the chaff from the wheat. Disinfectants may be roughly classified under three heads:

1. Efficient but poisonous.
2. Efficient and non-poisonous.
3. Non-poisonous but inefficient.

Many of the most commonly used disinfectants—bichloride of mercury and carbolic acid, to name but two—are active poisons, and it will be readily granted that other things being equal, a non-poisonous disinfectant is always preferable to a poisonous one; on the other hand, a non-poisonous preparation which is not an efficient disinfectant should, never of course, be used.

There remains, therefore, only the efficient and non-poisonous, and this, with certain added qualifications, is the ideal disinfectant for general use. It must, for instance, be permanently homogeneous, *i.e.*, it must not separate out on standing; it must yield a solution or uniform emulsion when mixed with water in all proportions, and it must retain its efficiency in the presence of organic matter.

The importance of this last characteristic is best seen in connection with that group of disinfectants which act by oxidation, *i.e.*, which rely for their efficiency on the liberation of nascent oxygen. The three principal representatives of this group found in practice are permanganate of potash, hydrogen peroxide and (chloride of lime). In the absence of organic matter all three are efficient disinfectants, but when organic matter is present—a condition which always obtains in actual practice—the efficiency disappears. This feature is strikingly demonstrated in the well-known experiment of Klein, the eminent bacteriologist, who showed that whereas chloros—a liquid (chloride)—when tested against an unprotected organism—*i.e.*, in the absence of organic matter,—possessed a Rideal-Walker coefficient of 21, the addition of an equal volume of organic matter (urine) reduced the bactericidal efficiency to 0.8.

Fumigation, perhaps, scarcely comes within the nurse's province, and it is therefore only necessary to say that although this method still has a considerable number of adherents in this country, it has been repeatedly discredited and is rapidly falling into disuse.

Of formaldehyde in its liquid form (formalin) it need only be said that its bactericidal efficiency is about one-third that of carbolic acid, which calls for a working dilution of 1 in 8—a dilution which, apart from the question of cost, is found to be impracticable on account of the irritating nature of the gas given off.

METHOD OF SELECTION

In regard to efficiency, there should be no difficulty, for since the introduction of the Rideal-Walker method of testing disinfectants (with or without organic matter), this is readily ascertained. It is expressed in terms of pure carbolic acid (which is taken as the standard), and is known as the Rideal-Walker co-efficient. Thus, a disinfectant having a R-W coefficient of 5, is germicidally five times more efficient than pure carbolic acid; if the coefficient is, say, 0.5 it is only half as efficient as the latter preparation, and so on. As regards toxicity, the only safe course to adopt is to select an article, produced by a reputable firm, the non-toxicity of which is guaranteed on the label; it may safely be left to the Insecticide Board to see that this guarantee is a valid one.

Within the last few months suit has been taken by the Insecticide Board against quite a number of manufacturers, one of whom, responsible for a very widely advertised preparation, has been compelled to remove the word "non-poisonous" from his labels. The two remaining characteristics present no difficulty to the intelligent nurse, and, therefore, call for no further comment.

Having obtained the R-W coefficient of our disinfectant, the following simple rule affords a ready means of calculating the proper dilution at which it should be used. A fair average working dilution of pure carbolic acid as employed at hospitals, etc., for general disinfection, may be taken as 1 part in 25 parts of water, and the corresponding strength of any other product may be obtained by multiplying this factor by the coefficient of the article in question. Thus, the proper dilution of a disinfectant having a coefficient of 5 would be 25×5 , *i.e.*, 1 in 125. Where the coefficient is, say, 20, the corresponding dilution would be 25×20 , or 1 in 500. The following table gives the coefficients for a number of commonly used

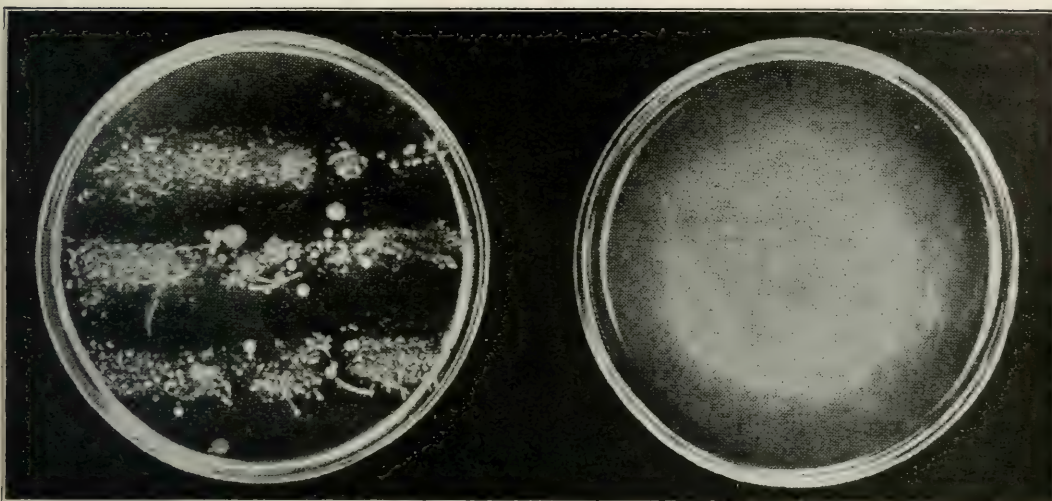


FIG. I

FIG. II

disinfectants when tested against the standard typhoid organism:

<i>Disinfectant</i>	<i>Organism</i>	<i>Rideal-Walker Coefficient</i>
Perchloride of Mercury	<i>B. typhosus</i>	20.0
Pyxol	"	20.0
Lysol	"	2.5
Creolin	"	2.5
Sulpho-Naphthol	"	2.5
Carbolic Acid	"	1.0
Creoleum	"	1.0
Formalin	"	0.3
Chinosol	"	0.3
Platts' Chlorides	"	0.04
Sulphate of Zinc	"	0.02
Sanitas	"	0.02
Boric Acid	"	Nil

By the compulsory use of this test consumers would be absolutely protected against misrepresentation and fraud, and much useless and, indeed, mischievous so-called disinfection would be avoided. The method is used by all government departments and health authorities in Great Britain; in this country it has been adopted by the Insecticide Board of the Department of Agriculture—the body responsible for the administration of the act regulating the manufacture and sale of disinfectants—and by at least one State and a number of city health authorities and large corporations. From recent indications there is every reason

to believe that the movement in favor of standardization is at last receiving the attention which its importance to the public health merits.

The necessity for personal disinfection on the nurse's part, particularly disinfection of the hands, need not be emphasized. The germs readily become attached to the skin by contact with any germ-laden substance, and without the use of boiling water, which is, of course, impossible, no ordinary washing will destroy them. The extreme probability—one might say the certainty—of a nurse collecting on her hands a certain number of germs in the course of nursing an infectious case, and the danger of those germs being transferred from one patient to another, is very great.

The above illustration shows in a graphic manner the need for sterilizing the hands. Fig. I represents a petri dish containing nutrient agar (as used by bacteriologists in the cultivation of micro-organisms), across the surface of which three washed, but unsterilized fingers had been drawn. The organisms naturally present on the hand, even after ordinary ablution, are seen in innumerable colonies, representing the three

streaks. Fig. 2 shows a similar petri dish charged and treated in the same manner, after the hand had been sterilized with an efficient liquid disinfectant.

METHOD OF APPLICATION

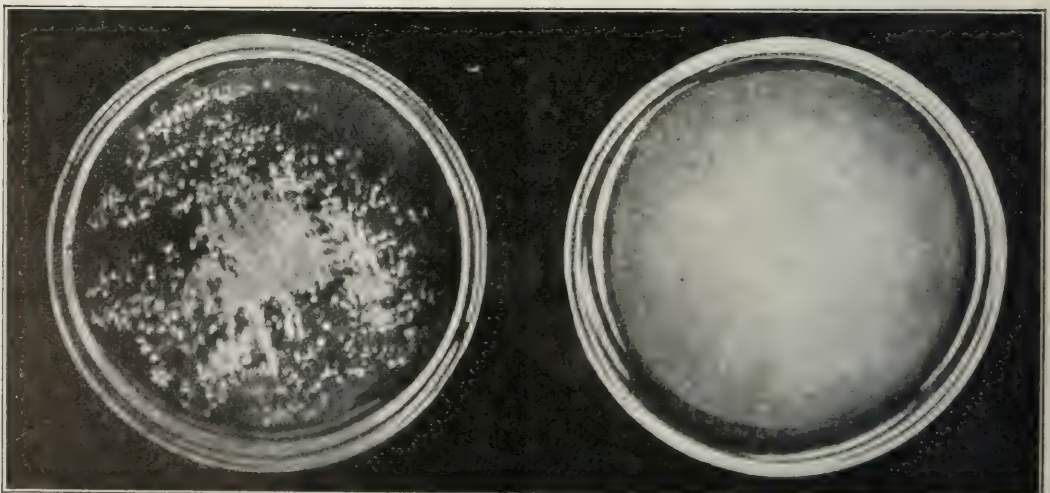
Disinfection should be performed daily throughout the course of infectious disease, and the only reliable method—indeed, the only practicable method—of doing this is that of the liquid spray. The disinfectant solution prepared according to the calculation previously given may be applied to the floors, walls, etc., by means of a compressed air sprayer, or failing this, a hand sprayer.

The accompanying illustrations clearly show the practical value of room disinfection. A certain area of floor space was divided by a chalk line and both halves were swabbed with water containing a strong culture of *B. prodigiosus* (a bacillus much used by bacteriologists in experimental work, by reason of its distinctive coloring). One-half of the space was thoroughly sprayed with a 1 in 500 dilution of a 20 coefficient disinfectant and so left until the following morning, the other half being sprinkled with water only. Swabs were then taken from both the disinfected and non-disinfected areas

and used to smear the surfaces of agar plates. The results obtained after the usual incubation period are clearly shown in the accompanying illustrations. It will be observed that whereas the infected plate is crowded with colonies of bacteria, the disinfected plate is completely free.

At the termination of the case the bedstead, furniture and other movable articles should be taken into the open air and placed in such a position that the direct rays of the sun can play upon them freely. The pillow cases, sheets, etc., should be boiled, and the mattress, blankets and other articles of bed clothing, which cannot be subjected to this process, should be removed and treated in a steam sterilizer. Needless to add, all fæces, sputum, etc., should be received and treated in vessels containing the disinfectant in double strength.

The foregoing observations form the merest outline of what might be written on the subject of disinfection, but they are submitted in the hope that they may prove helpful to the nurse in arriving at a better understanding of this important question. The hints given may be summarized as follows: Use only preparations of which



INFECTED PLATE

DISINFECTED PLATE

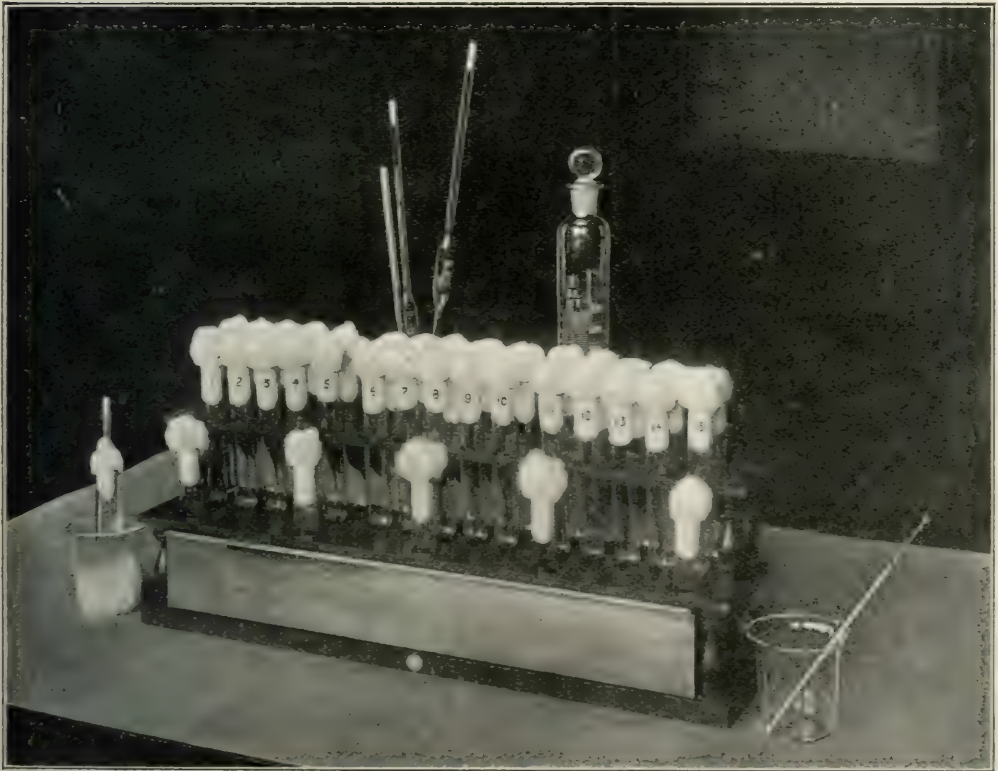
1. The R-W coefficient;
2. The non-toxicity;
3. The stability in the presence of organic matter

are all guaranteed.

As stated, with the one exception mentioned, there is no law compelling manufacturers to supply guarantees, though even under existing conditions there are some who do so voluntarily. It is, of course open to consumers to demand them from manufacturers and to ignore the products of those who refuse to supply them. As no reput-

able firm will hesitate to give such guarantees, this is the proper course to pursue.

One word more: Other things being equal, it is advisable to avoid disinfectants of low coefficient. One part of a 20 coefficient in 500 parts of water is equal in bactericidal efficiency to 1 part of a 2 coefficient in 50 parts of water; and whereas the latter, if applied freely, would produce nausea and injure the finer woodwork and fabrics of the apartment—to say nothing of its action on the nurse's hands—the former will be found to be completely free from all such defects.



RIDEAL-WALKER APPARATUS

Clinical Studies with Nervous and Mental Patients

LUCY C. CATLIN

IV. THE CARE OF OLD PEOPLE AND ADOLESCENTS

THE grouping of these two classes is made not because of the similarity of treatment, but rather because of the contrast; we will take them up separately and the difference will be self-evident.

First, let us consider the characteristics of old people. There is a general decline of all the powers, physical and mental. Solomon has beautifully pictured this in Ecclesiastes vii: 1-7. Re-reading this passage with the old man in mind, will bring new meaning to the words. The senile heart and sclerosed arteries are in large measure responsible for the manifestations of both physical and mental decline. It is a true saying that "A man is as old as his arteries," for at fifty years he may show all the decline of another at eighty. Alcohol and the intensity or the impurity of the life he has lived brings the senile changes in advance. William Cullen Bryant lived to the age of eighty years in almost full vigor of body and mind, because he lived a temperate life in every way—he exercised, ate, slept, worked, with the thought of the preservation of his own health first.

Mental characteristics are as follows:

Diminution of faculties; slow of comprehension; suspicious; jealous, therefore easily hurt; penurious; delusions about money and property are often present; not deceptive, but cunning; unwilling to give up control; untidy and careless; determined in opinions and ways; childlike—very little pleases, also very little hurts; confiding.

With these peculiarities in view, what are the principles which should guide in our management of them? They are three: First, there must exist a love and respect for

the aged. Second, they are like children and must be treated much in the same way. Third, control by making them think they are having their own way.

The greatest patience is required, as they are the most trying people to care for, and unless we recognize these characteristics as senile symptoms, overlooking the trying ones and making the most of the better side, we will fail. Age often sweetens and softens character, time for reflection gives a perspective view of life that mellows in a most beautiful way. Love and respect the gray hair and tottering step, for the place in life the old man or woman has filled, for the work that has been accomplished. Pay little attention to the suspicions and jealousies, forget that they accuse you of taking a precious article that in their penuriousness they have hoarded up. These suspicions lead to delusions and they cunningly hide away and lock up their belongings, only to get them out again, to count and look over and return to place. Forgetfulness often causes the false accusation.

They are as simple and confiding as children, so easily led if approached in the right way. If you attempt to control by showing an authoritative spirit, you at once meet opposition, for they are older and more experienced than you are and unwilling to yield their right of control. It is perfectly natural that they should be very determined in their opinions and ways, for these are lifelong habits, formed as you are forming your habits now. Like children, they can be led in simple ways, and by kindness and sympathy, where force would fail, and remember that just a little act of attention or kindness

pleases in such a large degree. On the other hand, as small a slight hurts to the same extent, because of the jealousy that is characteristic, and the feeling that is most pathetic in old people, of being laid on the shelf, of uselessness, helplessness, dependence.

You cannot expect to get complete control with old people as in other cases. It is often necessary to yield a point, and let them have their own way, except where there is positive danger ahead. Even then you can often accomplish your own end by making them believe it is their way. Force is unwise and dangerous, because of the heart condition and the possible result of an increased blood pressure, which might bring on an embolism. The most we can expect to accomplish with old people that have become more or less demented, is to make them as comfortable and happy as possible, showing patience and kind consideration for them. Recovery is not the end to be attained, but rather good care, and, as far as possible, clearing the downward path of the rocks and barriers that fill their last days with unhappiness and sorrow.

With adolescents there is everything to hope for and work for. The possible future for them should inspire one to best efforts in their behalf, for although so large a percentage recover only temporarily or pass directly into a state of dementia, there is always a chance, and every one is entitled to that chance.

The adolescent period between the ages of sixteen and twenty-four is filled with many factors which tend toward mental breakdown, unless parents and teachers place proper safeguards around them. About the age of fourteen the boy and girl reaches puberty, when the sexual organs and impulses are developing, preparatory to fulfilling their function of procreation; at the same time they are attaining their physical growth, and advancing in mental development. This three-fold budding out is a tre-

mendous strain upon the whole youthful organism, for which nature has provided physical, mental and nervous resources to meet this demand, if she can have her own way during this period. But to this strain man adds the sexual temptations, crowds education to the limit, and supplies insufficient food, recreation and sleep; nature's efforts to meet the overloading are futile, the supply is not equal to the demand. This is the reason so many youth break down physically, nervously or mentally. A decline in the scale of family degeneracy and a lack of home training and control of the children are both factors which lend valuable assistance in the collapse.

Characteristics of the mental disease occurring during adolescence, which is termed in a general way dementia precox, are usually a high state of excitement at the onset, which is often sudden, with delusions and marked negativism, obsessions and exalted ideas. Because of the maniacal condition, they are exceedingly difficult to control, especially at home, so it is almost imperative that they be placed in a hospital or sanitarium. The characteristic negativism opposes food, water, baths and bodily care, and these are the important things in the treatment. Forced rest in bed, feeding, water, bathing and bodily care are the nurse's responsibility, and upon her success along these lines depends her patient's chance for recovery. From what has been said in this and previous papers, the importance of feeding is self-evident; patients *must* have good, nourishing food in abundance, also water, and these, as well as laxative medicines or cathartics, must go the natural route, the alimentary canal. The next paper will deal with the whole subject of feeding, therefore it is not considered in detail here.

The nurse's difficulties cannot be appreciated until they are encountered, for the excitement and opposition are so marked during the first stage that force must so

often be resorted to. Keep in mind your "Golden Rule," follow the general suggestions given in the preceding paper and use all the tact you possess, in your untiring efforts to save that young person from the life-long dementia which will follow if restoration is not secured during the early stages.

Catatonia often follows the period of excitement. This is a state that is marked by the withdrawal of will power, and there is almost an absolute inactivity. The patient will not talk or move, he remains where he is put; an arm that is raised stays in the same position until exhaustion and the force of gravity brings it to rest. Such a patient is necessarily turned, moved, handled like a dummy, in all that must be done for him, solid food is out of the question, for he will not chew. There is not the resistance that is so marked in the former stage, and the nurse's efforts are directed along a little different line to accomplish the necessary treatment, which her tact and judgment at the time will suggest. The catatonic state continues for only a comparatively short time before volition begins to return, and if

directed aright the patient will resume more normal action.

One caution must be given. Patients of this adolescent group possess an almost perfect memory of all that has transpired either during the excited period or the catatonic state. It will seem at the time that they have not mind enough to take notice of what transpires, but when they recover they will tell you everything, even what has been said by anyone that has come in contact with them. Be careful therefore what you say before them.

A few words concerning the guiding, uplifting process which should come with the dawn of returning reason. The patient's mind opens up like a child's, lead and guide it to its full development as you would a child's. He will ask childish questions in a childlike way at first. Hail that day with joy, and patiently answer his inquiries and satisfy his doubts, for he is coming out of a misty, mazy past that he cannot at first understand. Gradually the mind returns to its normal action and the nurse can be of untold value in shaping his new thoughts and actions.

BREAKFAST DISHES

Take a banana and slit the skin once from end to end, lay in a dish and bake until quite soft, turn out of the skin and serve with cream and sugar, or mix with a bowl of corn flakes. This is very nice, and baked bananas taken early in the morning will prevent constipation.

Fruit should always form part of a patient's first meal, unless forbidden by the doctor.

An apple scraped and spread on thin bread and butter, or mixed with the cereal, is very appetizing.

Apple sauce made very thin and grape nuts soaked in it for five minutes before serving will be liked for a change.

For an appetite that wants tempting nothing is nicer than two thin slices of bread and butter with a layer of fresh water cress between them. Dandelion and nasturtium leaves can be used in the same way. Milk toast can be made with Horlick's Malted Milk by dissolving two tablespoonfuls of malted milk powder. Pour over two slices of toast and let stand on back of stove for twenty minutes.

The Nursing of Children

MINNIE GOODNOW AND ZULA PASLEY

CHAPTER IV

FEEDING

IF IT be essential for the welfare of the child that the prospective mother have congenial surroundings and a tranquil mind, it is quite as much so for the nursing mother. No mother should nurse her baby when she is grieved or very nervous or angry, as changes take place in the milk under these conditions which render it almost poisonous and may cause serious illness. Far better let the baby go hungry for a few hours than run such a risk.

If nursing is delayed for any reason, be careful that the child does not overeat and indigestion result.

Quality and Quantity of Milk—Drugs taken by the mother frequently affect the child, notably cathartics. Saline cathartics diminish the amount of milk quite noticeably, and the same thing occurs if the mother takes little fluid. Food which is nourishing and easily digested helps to increase the flow of milk, and is to be preferred to such things as tea, malt, beer, etc. A nursing mother should have plenty of fresh air, day and night, and should take some outdoor exercise each day.

The child should never nurse from an inflamed breast. It adds to the irritation already present in the mother and may injure the child's digestion or its general health.

Night Nursing—It is a somewhat common practice for the baby to remain in bed with the mother a part or all of the night. If he is wakeful, as he is likely to be, she gives him the breast. This practice tends to make nursing more or less of an amusement, and the habit of nursing most of the night is soon formed; it injures the baby's digestion,

renders the mother nervous and makes her unfit to nourish him properly. In ordinary cases there is no need of night nursing after the first month, and some properly trained babies sleep all night from the time they are born.

Testing Milk—It should be borne in mind that quantity of milk does not necessarily imply quality, and that a child may be improperly nourished when the milk supply is ample. It is not out of place for a nurse to suggest this to the physician, in order that an examination may be made by a competent chemist. One test alone may not be reliable, as the milk varies one day to the next, is poorer in quality when the mother is tired or worried and *vice versa*. The milk varies, also, at the beginning, end and middle of the nursing period, and a specimen should therefore include as much milk as can be drawn from the breast at one time.

Sterilize a breast pump and a bottle. Wash the breast well with boric solution, draw the milk with the sterile pump, emptying it directly into the bottle. Send the bottle to the laboratory, corked with sterile cotton. Tests are made for the reaction (whether acid or alkaline), the amount of fat, the total amount of solids, etc.

Wet Nursing—If the mother's milk does not agree with the child or is insufficient, and if persistent efforts to improve conditions are not successful, a wet nurse may be advised. Wet nurses present many difficulties, but they frequently save a life. It goes without saying that a wet nurse should be a healthy woman and neither too young nor too old, from twenty-five to thirty-five being



FEED BABY IN CRIB

the age of choice. She should not be asked to change her mode of living very materially; a woman accustomed to simple food and an active life may be upset by living a sedentary life or eating rich food. If possible, see that a nurse is selected whose baby is near the age of the patient, as the milk varies from month to month; this may not be a vital matter, however. If the wet nurse is feeding her baby along with her foster child, it is well to be sure that she is not depriving the one of food which the other needs. Both may be partially bottle-fed in ordinary cases.

In the matter of feeding, no nurse can conscientiously advise anything but breast milk. Living food contains enzymes, ferments, not found in any dead food, which mean much to the weak digestion. Lives have been lost by lack of insistence upon this vital point.

Artificial Feeding—There may be, however, good and sufficient reasons for resorting to artificial feeding. If the mother is tuberculous, in generally poor condition, extremely nervous, has an uncontrollable

temper, etc., and a proper wet nurse cannot be secured, the nurse may concur with the physician's advice. The mother need not feel that the change is necessarily a calamity, but may be encouraged to see its advantages. Artificial feeding is undesirable, of course, but may not be an unmixed evil.

Habits—A word may be said here about methods of feeding. With children, as with adults, improper mastication, too rapid eating, too frequent or too hearty meals are injurious. If regular habits in these matters are not established early in life, the digestion will probably always suffer.

Start, therefore, the first week, to teach a child that eating is a business, not an amusement. Have it industriously and systematically attended to, then dropped out of mind. Industry must be insisted upon, or many children will dawdle over food or play with it, forming habits which are both annoying and injurious. A breast-fed baby should be kept awake and nursing for the required time, and the same remark applies to a bottle-fed baby. If this habit is formed



FEEDING BABY IN NURSE'S LAP

during the first few months, it will be very little trouble to have it continued. On the other hand, a child should not be allowed to eat too rapidly, to take food in large quantities at a time. If food is not well mixed with saliva it is a serious omission, as this secretion plays an important part in digestion, especially of the starchy foods. Even with small infants, before the saliva becomes a factor in digestion, rapid eating causes indigestion, or at the least regurgitation.

In feeding a bottle baby, do not leave the child alone in its crib. Even if a bottle holder is used, the baby is likely to move or the bottle to slip; the milk may run too fast or too slowly, or the baby may fall asleep. The child should lie in the crib, being placed slightly turned on its side, while the nurse sits beside it and holds the bottle; or the child may be held in the nurse's lap, while she holds the bottle at such an angle that the contents will flow properly and continuously. If the nurse lacks the time to do this, the mother or some other person may attend to it. Wrap the bottle so that the food may remain warm; a flannel or knitted wool cover made to fit the bottle is best.

Kind of Food—The authorities still disagree as to what is the best artificial food for babies, and a nurse can, therefore, be only an unprejudiced observer. As a matter of fact, no one food will suit all infants, and that which is best in theory may not

be so in practice. Sometimes, also, a child will thrive in spite of its food, not because of it. Under no circumstances should a nurse suggest any particular food. Her work is to see that the food is properly prepared and given, to make careful observations and to report existing conditions.

In the matter of proprietary and patented foods, a nurse must be conservative. Nearly all of these preparations are deficient in proteid, the muscle-making and tissue-building element, and contain an excess of sugar and fat-forming constituents. Children fed upon them gain in weight, but the flesh is fat rather than muscle; while these children are apparently healthy, they succumb more readily to disease than those brought up on a more natural food. A nurse must be unprejudiced, for there are many cases where milk foods cannot be used, and one of these substitutes may tide over a critical period.

There is one point of vital importance which a nurse should lose no chance to impress. The child which is fed upon milk foods only for its first year has a much better chance of life and health than one partially fed on something else. Absolutely nothing but milk foods are to be given for the first ten months, and if they are continued until the end of the year so much the better.

(To be continued)

AN EXPLODED MYTH

UNCLE JACK: I understand the angels brought you a little brother last night.

SMALL BOBBY (pityingly): You'd better come over to school tomorrow and join our class in sex hygiene.—*Lippincott's*.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

III. MENTAL AND NERVOUS FACTORS

THE fact that in ancient times the heart was supposed to be the seat of the emotions, indicates how vividly even the early physiologists, who had little knowledge of the real functions of the organ, realized the close connection between its workings and the mental and nervous state of the patient. Although modern science, instead of regarding the heart as the psychic center of the body, teaches that it is merely the force-pump which maintains the circulation of the blood, there are constantly coming to light new evidences of the intimate interaction of heart and brain, and of the power for good or evil which the emotional states, the passions and the healthy or exhausted state of the nervous system may exercise over the cardiac functions. Moreover, the fact of this inter-relation is a sword that cuts both ways. While mental and nervous influences can slow or hasten the heart's action, produce all manner of functional cardiac disturbances, bring about a breakdown of compensation in organic affections, and even, under certain circumstances, cause the death of the patient, it is quite as true that a heart which because of disease or weakness is unable to properly carry on the circulation of the blood, and by its means the nutrition of the body, will by its inadequacy produce not only such physical effects as pulmonary stasis and shortness of breath, but nervous and mental symptoms which may alarm the patient and his family more than his physical disabilities, and even approach actual insanity. Again, the mind that can, under certain conditions, exert so harmful an influence on the heart and its functions, has an equally powerful influence for good; to such a degree is this the case

that psychotherapy, or the deliberate attempt to influence the condition of the body through the mind, is scarcely less important in the nursing of cardiac cases than in the functional nervous disorders where its value is so well known. In her care of patients with heart disease, therefore, the nurse has to reckon with nervous and mental factors under three different aspects: (1) As a cause of heart affections; (2) as a result of heart affections, and (3) in the treatment of heart affections.

The frequency with which disturbed action of the heart results from mental influences and as a consequence of affections of the nervous system, is shown by the fact that there is a well-known group of disorders called the *cardiac neuroses*, with which a nurse is apt to become familiar very early in her career. In the debility accompanying convalescence from acute disease, in chronic affections, in anemic and "run-down" conditions, and especially in neurasthenia and hysteria, nervous disturbances of heart action are among the most common symptoms. Similar conditions are also often present at puberty, at the menopause, and in some patients during the menstrual period. The nerve supply of the heart is elaborate and complex, and anything that heightens the excitability of the general nervous system is liable to cause functional cardiac disorders, such as palpitation and tachycardia, and even missed beats and irregular action. Sometimes the sensations of throbbing or fluttering are entirely subjective, no alteration in the pulse being discoverable; in other cases the symptoms are more perceptible to the examiner than to the subject. To the patient who becomes

aware of abnormal heart action his symptoms are often terrifying in the extreme, and it is sometimes very difficult to make him believe in their purely nervous origin. The mere idea of heart disease is very alarming to the average person, and the consciousness of disturbed action results in the focusing of attention on the symptoms, and thus in their intensification. If by means of emphatic and repeated assurances the patient can be made to believe that his malady is not serious, has no organic origin, and does not endanger his life in the least, his symptoms are practically certain to diminish in force, and in many cases resolute disregard of them will cause them to disappear altogether.

On the other hand, however, it cannot be questioned that long-continued conditions of nervous debility, anxiety, grief, apprehension, business worry and unhappy home life, through their depressing effect upon the whole organism, do produce injurious effects upon the cardiac mechanism, and help to wear it out before its time. Long-continued and excessive stimulation of the sympathetic nerves supplying the heart, producing increase in its rate and in the force of its contractions, may in the end lead to hypertrophy. A well-known medical writer speaks of "the pathetic manner in which life is every day shortened by the petty troubles, anxieties and worries which are of daily occurrence, and which by continual inhibition impair the ventricular systole and favor dilatation of the heart." "There are few of us," he says, "who have not had occasion to note the development of serious cardiac symptoms from the trouble arising out of untoward domestic affairs, the worry of an unsuccessful business, or even the wear and tear of a too successful business, which has outgrown the physical powers of its manager." It is an undoubted fact that nervous and mental overstrain, and especially sustained depressing emotion, are prominent among the factors which aid in

bringing about exhaustion of the reserve power of the heart, and this is particularly true in cases where the physical force is lowered by illness; patients who are recovering from serious illness of any sort should be guarded with all possible care from mental stress and emotional fatigue.

Where organic disease of the heart is already present, the progress of the malady may depend to a considerable degree upon the mental state of the patient. The compensatory hypertrophy of *valvular disease* may be maintained for a long time if the patient's mind is at rest and his life one of moderation in all things, while as a result of mental over-strain, worry or emotional excesses it may break down long before such an event would be brought about by physical conditions alone. In *myocardial degeneration* sudden fatal dilatation is quite as liable to occur as a result of violent emotion, such as anger, fear, or even joy, as from physical over-exertion. The case of "Peter Grimm," whose diseased heart carried him off without warning in the sudden relief he experienced after settling his affairs to his satisfaction, has been paralleled many times in real life. *Rupture of the heart*, fortunately a very rare accident, has been known to follow a sudden fright or emotional shock; the "broken heart," therefore, is not merely a figurative expression, but has existence as an actual scientific fact.

Attacks of *angina pectoris*, of both the true and the false forms, very frequently follow sudden mental over-exertion or strong emotion. John Hunter, a famous medical man of earlier days, who was a victim of true angina, and appreciated the part often played in the affection by emotional states, said that "his life was in the hands of any rascal who chose to annoy and tease him." The sequel proved the truth of his words, for he died of an attack brought on by a fit of anger.

"There is no disease," said a great diagnostician, "which unnerves more than a

disease of the heart. Indeed, the mere fear of its presence gives rise to restlessness and gloom, and breeds timidity in those who would look any external danger boldly in the face." The truth of this statement will be realized by all who have had experience in the care of patients with cardiac affections who, in strong contrast to the victims of phthisis, almost always take the darkest possible view of the situation. This is undoubtedly partly due to the very general and, in most cases, unfounded idea that a patient with heart disease is liable to fall dead at any moment without warning; but, even among those whose understanding of their condition is too clear for them to entertain unnecessary apprehension, more or less depression, together with certain other well-defined nervous and mental manifestations, are of such frequent occurrence as to find regular place in the symptomatology of the various cardiac affections. Most of these symptoms are the result of altered, irregular or insufficient circulation in the brain and nerve centers and the nervous and mental debility consequent upon the general failure of nutrition brought about by the damming back of the blood. Some cases, however, present symptoms approaching an actual psychosis, and require the same watchfulness and management as the subjects of other forms of mental disorder.

In *pericarditis*, cases where there is a considerable effusion, and especially cases of rheumatic origin, with high fever, may present not only the restlessness and insomnia naturally resulting from the embarrassed heart action, but in the last stages a tendency to low delirium, or to a melancholic condition, which may even be accompanied by suicidal impulses.

The experience of many physicians inclines them to the opinion that in *chronic*

endocarditis (*valvular affections*) some of the earliest signs of failing compensation are to be observed in the nervous system, especially in the case of aortic disease, where the sensory symptoms are more pronounced than in mitral lesions. In caring for a case of this type, therefore, it is not safe to consider any symptom as merely the result of the "nervous" condition of the patient, but all such manifestations should be noted and reported, as they may have an important bearing on the state of the heart muscle.

The same is true in cases of the various forms of *myocardial degeneration*; any disease in which there is failure of the muscular power of the heart is liable as it advances to produce the signs of deranged circulation in the brain and nervous system. Among these may be observed headache, vertigo, faintness, insomnia and disturbed sleep, a tendency to hesitating speech and difficulty in concentration of the mind, with occasionally some loss of memory. The form of mental depression so frequently seen in cardiac disorders has been thought to bear a strong resemblance to that accompanying neurasthenia, but is usually most pronounced at the end of the day instead of in the morning, which is apt to be the time when the neurasthenic's spirits are at the lowest ebb. Irritability of temper is held by many authorities to be a prominent symptom, sometimes becoming so marked that it is not understood by the patient's family and friends, and needs explanation by his medical attendants. Symptoms of this sort, which the patient and those about him are naturally not apt to connect with his cardiac affection, often improve amazingly when the condition of the heart is improved by proper treatment.

(To be continued)

The Treatment of Surgical Shock*

JOS. M. WELLS, M.D.

THE treatment of surgical shock has changed very much during the past few years, due to a changed view of its pathology. For this reason, before discussing the treatment, I will give a short review of the views now held on the pathology.

Crile, Cushing, Howell, Wainwright and others have shown by experimental research in the physiological laboratory and in clinical surgical practice that the most prominent factor in shock is a disturbance of the normal blood pressure, and its alteration in the slightest degree is the forerunner of the general depression. The normal blood-pressure depends upon four factors: First, the action of the heart exerting its force through the ventricular systole, discharging a certain volume of blood into the aorta. Second, the narrowing outlet of the capillaries causing what is known as the end to end pressure. Third, the tone and elasticity of the vascular walls exerting its influence upon the circulation, which is called the lateral pressure. Fourth, the volume of the circulating blood. Keeping the circulation controlled and the vessels filled is compensated for by a constant state of contraction of the vessels called the vasomotor tone. The failure or impairment of this tone causes a dilatation of all the vessels, with stagnation of the blood in the veins.

Shock may be described as an excessive sensory impulse, stimulating the higher nervous centers to a greater activity, leading to their exhaustion and preventing them from receiving or throwing out normal reflexes. The first effect is a momentary contraction of the blood vessels, with an increased blood pressure. As soon as the sensory influences have subsided and the centers have exhausted their reserve reflex strength the

motor control of the vessels is lost and the end and lateral pressure is gone; they dilate and the blood is driven into the larger veins, where it accumulates and stagnates. On account of the lowered blood pressure and loss of circulatory force the brain is not supplied with blood, and there is cerebral anemia which produces what we call surgical shock.

From the above description the following definition has been given: "An assemblage of phenomena caused by injury, produced from a continued lowered blood pressure by vascular dilatation, causing an accumulation and stagnation of blood in the large internal veins, with subsequent cerebral anemia and exhaustion of all the centers in the system."

This definition does not describe collapse, which is often classed as shock and is often associated with it. The symptoms of collapse are so similar to those of true shock that it is often difficult to differentiate without a direct history. Collapse is a suspension of function of the centers caused by hemorrhage, direct injury to the vasomotor center, or cardiac failure. While the symptoms of the two conditions may be similar, in true shock there is never the appearance of fainting or syncope which is generally present in collapse.

The modern treatment of shock is founded upon the above view and is therefore directed toward increasing the blood pressure. It may be divided into treatment by the use of drugs and mechanical measures.

I will first consider the treatment by drugs and will include the management of collapse. We will discuss the use of stimulants, such as alcohol, nitro-glycerin and strychnia.

Crile found that under the use of alcohol there was not a single case in which there was sustained improvement. On the other

*Read before the fifth annual meeting of the Railway Surgeons' Association of Pennsylvania Lines East of Pittsburgh. Reprinted from International Journal of Surgery.

hand, the most marked effect was to lower the blood pressure and render the condition worse. In all of his experiments with nitroglycerin, where any effect at all was noted, there was an immediate fall in the blood pressure. This occurred in every degree of shock. The use of alcohol and nitroglycerin would therefore seem to be contraindicated, both in shock and collapse.

Strychnia is a powerful stimulant to the vasomotor center. As regards its employment, there is some difference of opinion among prominent authorities. Hare advocates its use, considering it the most useful drug in shock. Crile, in his experiments, found that when given in therapeutic doses it had no effect on the blood pressure in shock, and when given in physiologic doses it at first increased the blood pressure, but in a short time caused marked lowering; if the dose was repeated the shock became more profound. The reason for this is that in true shock the vasomotor center is exhausted and stimulation simply increases the exhaustion. In collapse, however, strychnia is of decided benefit, as the center is not in a state of exhaustion, but of inhibition.

The drugs to be used in true shock are those which will act first upon vessels and then upon the heart, increasing the blood pressure and by this means relieving the cerebral anemia and giving the vasomotor center a chance to recover from the exhaustion by the natural supply of oxygen, when it will resume its normal function.

The normal blood pressure is maintained by the secretion of the adrenals acting on the vessels; they in this manner act as an automatic control on the blood pressure. In shock, on account of the exhaustion, the adrenals are unable to furnish this control. The administration of adrenalin chloride was therefore experimented with, and it was found to be the best method of raising the blood pressure. The results obtained in the laboratory have been confirmed in prac-

tice, and the most reliable remedy for surgical shock of any degree is adrenalin. As its effect is of very short duration it should be administered very frequently, or, if the shock is profound, continuously. It has very little effect when given by the mouth. The best method of administration is by intravenous injection with normal salt solution in the proportion of 1 to 50,000 or 1 to 100,000, using two pints of the solution and injecting very slowly, taking about fifty minutes.

In emergency cases Crile advises administering adrenalin by lowering the head and then filling the nostrils with 30 minims of the solution, dropping two minims at a time and taking thirty seconds to give the whole dose. Other surgeons have found this a very good method, the effect lasting much longer than when it is given hypodermically. Adrenalin raises the blood pressure at once, and by following it with drugs which have a stimulating action upon the vessels and the heart muscle the pressure is kept up, allowing the vasomotor center to recover from its exhaustion and resume its normal function. For this purpose ergot and digitalin are the best drugs. Ergot is given hypodermically in 30 minim doses, either alone or combined with 1-50 grain of digitalin, repeated every three hours.

Senn advised the use of 30 minims of camphorated oil given hypodermically, repeated in half an hour, and had very good results from it.

Normal salt solution is one of the mechanical methods. It will raise the blood pressure when used alone, and is introduced into the cellular tissue (hypodermoclysis), employed intravenously or by the bowel (enteroclysis). It has been found that in true shock but a limited quantity can be administered, as the volume of blood cannot be increased without causing convulsive twitchings of the muscles, and if persisted in may even cause death. These convulsive movements have been produced by eight

ounces administered during half an hour. In collapse from hemorrhage, as the volume of blood has been diminished, it can be given in large quantities and will sometimes be the only treatment needed.

As the veins are dilated and the blood stagnates in them, the application of bandages of muslin, gauze or rubber, from the toes to the hips and from the fingers to the shoulders, forces the blood back to the heart and thus raises the blood pressure. The large abdominal veins are especially full; therefore, massage until they are emptied, followed by the application of a tight abdominal bandage, is of great service in profound shock. This use of bandages has been called auto-transfusion.

In all cases the application of external heat is of great benefit, care being used to protect the patient from burns.

In slight cases the elevation of the feet about twelve inches, or as high as is comfortable, will often entirely control shock without any other treatment. In many instances the administration of 30 minims of adrenalin by the nostrils, in addition to elevation of the feet, will be all that is required.

In ordinary cases it is best to also use ergot and digitalin, as mentioned above, while in profound shock the intravenous injection of adrenalin with normal salt solution, and application of bandages to the limbs and abdomen will be necessary.

In shock combined with collapse—that is, in cases of shock where there has been much loss of blood, stimulants should be used with adrenalin, 1-30 of a grain of strychnia given hypodermically, or hypodermoclysis resorted to, or about 2 pints of hot black coffee given as an enema.

In a profound collapse from severe hemorrhage, where it was thought that the patient would die on the operating table, I saw recovery take place following the use of constant hypodermoclysis during the amputation, followed by an enema of 2 pints of strong, hot coffee. No drugs were used.

Summed up, the modern treatment of surgical shock is as follows: In true surgical shock, stimulants, including strychnia, do no good, but may do harm. In collapse strychnia is the best drug to use. In all cases of shock adrenalin should be given; also ergot and digitalin, except where the shock is very slight. While in shock normal salt solution is of temporary use, in collapse it is often all that is needed. In cases of slight shock elevating the foot of the bed will often suffice; in the more severe bandages should be used in addition to the treatment by drugs.

My object in writing this paper has been to suggest principally the treatment before the patient is sent to the hospital, and, therefore, only brief mention has been made of some of the lines of hospital treatment. I have used very successfully the method of administering adrenalin by the nostrils.

POULTICES AS SEDATIVES

One reason why the old-fashioned poultices fell into undeserved disrepute was the fact that poorly made poultices necessitated such frequent change that the evil wrought by the disturbance outweighed the good done by the poultice. Well-made poultices,

retaining their heat from four to six hours, however, give so much relief from pain, thus acting as sedatives to the nervous system—that they may be classed among agents promoting rest.—*Dr. Solomon Solis-Cohen, Journal of American Medical Association.*

Life Waste

MARY A. CLARKE

THE Postal Life Insurance Company of New York published in 1911 an interesting report on "American life waste," or the mortality in this country from preventable diseases. This report furnishes some startling facts for the middle-aged, the over-worked, the worrisome and the anxious to ponder.

Statistics compiled by the United States government since 1880 show a decline in the general death rate in the registration area from 18.6 per thousand in 1880 to 15 per thousand in 1909, and this decline is chiefly noted in the communicable diseases of children and young adults, such as diphtheria and typhoid and in tuberculosis. It must be attributed in large measure to a great advance in the science of the prevention of contagious and infectious diseases, and to the education of the general public concerning hygiene and sanitation.

In these twenty-nine years the mortality from consumption has been reduced 48 per cent., from typhoid fever 41 per cent., and from diphtheria 80 per cent., the latter chiefly owing to the use of antitoxin, although thousands of lives are still annually lost by this disease.

But in the same period the mortality from diseases common to middle life and old age has shown a remarkable increase. These are the diseases *not* communicable, such as cancer, affections of the heart, of the kidneys and of the nervous system. Taking New York State alone, this increase has been estimated at 73 per cent. in kidney disease, 84 per cent. in diseases of the heart, 34 per cent. in apoplexy, 24 per cent. in pneumonia and 60 per cent. in spinal meningitis. Vital statistics collected by States, by cities and by census enumerators all corroborate this upward trend. Taking the whole United

States registration area, the death rate from cancer has increased 104 per cent.; this notwithstanding the opinion now gaining favor that the effect of heredity has been greatly exaggerated by the public, and that the disease is due to mechanical irritation of the tissues, which is preventable; to faulty habits of life, such as excessive pipe-smoking, and to the failure to remove in early life warts, moles and excrescences which show a tendency to grow.

The highest mortality has been noted in what are called the degenerative diseases—that is, affections of the heart, blood vessels and the kidneys. This increase is observed particularly in the prime or most productive years of life: *i.e.*, between forty and fifty. To a great degree it offsets what has been accomplished in life saving among infants and young adults. Fifty per cent. of the deaths from pneumonia, too, occur in those above forty years of age, in whom there are likely to be complications of the degenerative kind. These figures reflect the degree of life strain from which our people suffer, and indicate a failure to adjust our mode of life to the demands of developing civilization.

It has been estimated* that the mortality from degenerative diseases might be reduced at least 50 per cent. by the application of reasonable and well-known precautions in the care of our bodies and the ordering of our lives. Economy of the bodily resources is just as important to the individual and to the State as the conservation of natural resources. Faulty habits of life must be corrected. But the report mentioned above emphasizes as the best safeguards "Temperance in all things, mental poise, patience, courage, the avoidance of hysterical unrest and needless overstrain in meeting the complexities and problems of existence."

*Professor Irving Fisher, Report on National Vitality.

Gleanings from Medical Literature

Treatment of Chronic Leg Ulcers

W. Brady, in *New York Medical Journal*, outlines this treatment as follows: Cleanse the ulcer with warm normal salt solution, dry carefully with wisps of cotton, and dust on a light application of an anesthetic antiseptic powder; then apply a sterile petrolatum gauze pad and a light packing of cotton and bandage from toes to knees. This will invariably give great relief from pain and inspire the patient's confidence. If inflammation or eczematous erythema is pronounced in the skin about the ulcer, a large wet dressing is required, with perfect rest for a few days. This dressing had better be normal saline solution for the first few times, kept wet by pouring fresh warm solution through a window flap in the oiled silk over the gauze. Should one find the ulcer covered with an old slough, brewer's yeast, if obtainable fresh, every two or three days, makes an excellent dressing. It must be changed twice a day, covered with oiled silk or other impervious protective, and applied warm, without antiseptic contamination. Yeast must be kept cold. In old, dry, scaly ulcers, with little or no secretion, the suggestion of Wright should be followed: Apply a wet dressing of one-tenth of 1 per cent. of citric acid and 4 per cent. sodium chloride solution, and administer citric acid in dram doses every three or four hours for a day or two. This will start a serous drainage from the ulcer and institute the processes of repair. For exuberant granulations there is but one cleanly remedy, the scissors. Pressure applied by means of adhesive straps, gauze pads and proper bandaging will take care of moderately high granulations. In varicose ulcers a very effective procedure is elevation of the limb. Once the granula-

tions assume something like a healthy, smooth, glistening, moist surface, at or near the level of the surrounding skin, the less one does the better. A simple sterile petrolatum dressing, merely to keep the gauze from sticking to the wound, is all that is ordinarily required. When the granulating surface contracts to an ulcer the size of a dollar, a neutral powder—sterile talcum, for instance—freely applied to the carefully cleansed and dried ulcer, covered with a few layers of gauze, and strapped in place with adhesive strips, is the best management. This should not be disturbed oftener than every fourth or fifth day—or even less frequently if there is no trouble from serous discharge.



Septic Sore Throat

Streptococcus sore throat, commonly known as septic sore throat, is now a reportable disease in Chicago. The *Bulletin* of the Chicago School of Sanitary Instruction, issued by the Department of Health of that city, gives the following:

A brief summary of the clinical features of streptococcus sore throat may prove of assistance in enabling earlier recognition of the disease:

Onset usually abrupt.

Chilliness or rigor.

General muscular soreness.

Dull headache.

Nausea and vomiting in some cases.

Diffuse congestion of throat, at first causing pain on swallowing.

In few hours discrete patches of exudate will appear on tonsils or pharynx, simulating diphtheria membrane.

Cervical glands usually enlarged and tender.

Fever—subsiding in two or three days.

Edema sometimes very severe, preventing swallowing of liquids.

Relapse quite common—in week or ten days—marked by sore throat, swelling of the tonsils and cervical glands.

In mild cases patient may complain only of weakness and lassitude.



Anti-Typhoid Vaccination

The report of this commission of the French Academy of Medicine is summarized as follows:

1. This method of procedure has been carried out on more than 100,000 soldiers in the English, German and American armies.

2. The benefits of preventive inoculation are seen in the comparative statistics of typhoid mortality and morbidity. Only half as many of the vaccinated have had typhoid fever as of the non-vaccinated.

3. Vaccination does not abolish typhoid fever; it diminishes its frequency and the vaccinated who get the fever have it in a mild form.

4. Two or three inoculations with bacillary vaccine are better than one, and four will be necessary with antilysates of living bacteria.

5. Immunity lasts from one to four years, and hence revaccination is desirable.

6. Anti-typhoid vaccination is not dangerous. Dead bacilli when injected will cause fever and pain from twenty-four to forty-eight hours. An antigen of living bacilli will cause little or no pain.

7. Preventive vaccination should usually be performed before the appearance of the disease as an epidemic.

8. Vaccinated persons should not relax their precautions in the matter of food and drink for at least two or three weeks.

9. Soldiers and sailors may be vaccinated at their port of arrival if the disease is not epidemic at that port at that time, otherwise

the inoculation should be made about three weeks before leaving home.

10. Vaccination should be performed only on those who are free from all form of disease.

Those who are likely to be benefited by anti-typhoid vaccination are:

a. Physicians, nurses and medical students.

b. Families in which there are bacillus carriers.

c. Those who have gone from salubrious localities to localities in which typhoid is endemic.

d. Dwellers in cities in which typhoid is prevalent.

e. Soldiers and sailors who are sent to colonies where typhoid is epidemic or endemic.—*American Medicine*.



The Care of Hypodermic Needles

Fortunate is the nurse who has never been "up against it" with a stubborn hypodermic. Some drugs rust or otherwise plug the needles so quickly. If such a thing happens, and it is impossible to get a fresh supply and the usual methods have failed, try forcing ammonia through. If this fails, with a pair of forceps hold the needle over a candle flame, shank down, with the point of flame on a straight line with the opening. This method more often than not succeeds. If your wire by mischance is lost, cut the finest bristle from a clothes brush. Never use it, though, while the needle is hot.

Keep the needles sharp by rubbing on fine emery paper or a wetstone.

BEATRICE LINGS.



Antiseptic Thermometer Case

Dr. J. H. Dempster, in the *Journal of the American Medical Association*, recommends the use of a thermometer case suspended by a chain, as it is easy to pour into it a few drops of dilute formaldehyde solution, keeping the thermometer antiseptic. It should, of course, be washed before and after using.

Editorially Speaking

The Greater Need of Fairness

We are very proud of the place THE TRAINED NURSE AND HOSPITAL REVIEW holds in the hearts of the thousands and thousands of nurses, proud of the place it holds in the respect of the business men of the country, and proud that we can state without question that it is the most widely read magazine in its line in America; but with all this we feel quite humble, when we realize how much too small a vehicle it is to convey the truths contained in the splendid article by Annette Fiske, A.M., entitled, "The Need of Fairness," presented in this issue, Miss Fiske uncovers many humbugs and discloses many existing evils—evils which are stumbling blocks to progress, and which must be removed if nursing is ever to be placed where it belongs.

It will be said by some that Miss Fiske's article is in reality a plea for the Waltham Training School, just as Miss Goodrich's article is in reality a plea for the high-school requirement. This is not altogether true for, we can state authoritatively that everything contained in the article can be equally well applied to other schools and to other graduates, but Miss Fiske uses the Waltham school as an illustration, because that is the one with which she is most familiar, and of which she has facts and figures to verify her statements. Now let us take a closer view of some of these humbugs. We all know that nursing is service, and it should be added sacrifice also. Without service and sacrifice the nurse has no excuse for existing. A woman may have a diploma from every college in the country, and yet if she is not capable of performing the homely

duties that make for the comfort of the patient, she will be an absolute failure as a private duty nurse. Yet in all this talk of higher education and higher standards, emphasis is laid only upon book knowledge, and the number of hours in hospital work, but no mention is made of the quality of the work, or the character of the woman who is to do it. And moreover, competent nurses, fine, intelligent women, are refused recognition, because they cannot, or will not comply with a few cut and dried requirements. Is this fairness? Is this justice? Is this high standards?

When the extremists want information regarding the qualifications to be required for the profession of nursing, do they go to those whose practical experience would fit them to give this information; not at all, they consult noted educators with high-sounding titles, who know little of the subject on which their advice is sought, as Professor Winslow frankly said in introducing his statement of the requirements for the visiting nurse in public health work, "*I have no knowledge of the requisites of sick nursing.*" Yet such authorities are quoted in endeavoring to show the necessity for higher education.

One of the greatest of the humbugs, is the much overworked protection of the public. One not posted, could readily picture, after reading some of the utterances of the extremists, the public on bended knee, and with uplifted hands, crying for help from existing conditions. But how real is this sentiment for the public, how does it work out in practice? We shall see. For some time past the newspapers of Philadelphia have been discussing the short-

age of pupils in the training schools, and the remedy for same; we are told that advertisements are being placed in papers through the country districts of Pennsylvania, in order to attract pupils to the schools, New York has gone through a similar experience, in fact it is the general situation throughout the country. In other words the hospitals cannot get sufficient pupils to efficiently care for the sick. Rules and regulations have been made by some of the state boards of nurse examiners, which cannot be met with present conditions. The sick in the hospitals must be cared for. We cannot sacrifice the present for the future. What is to be done? The "leaders" do not tell us. They constantly urge the care of patients in hospitals rather than in homes, yet they seem to care little for their welfare after they get them there.

They are crying out for the protection of the public from the Correspondence Schools, yet they alone are responsible for the flourishing of the Correspondence Schools, for, by impossible requirements, they are driving the pupils away from the hospital schools. This is protection of the public with a vengeance!

In showing up the inconsistency and the weak points in the arguments for the protection of the public, etc., Miss Fiske lets the so-called "leaders" speak for themselves, and letters are quoted which are most enlightening, and leave no doubt in any intelligent mind, that these refusals of recognition of competent nurses are not so much matters of principle as of prejudice and opinion, and that instead of seeking efficiency in nursing these so-called "leaders" are simply exercising a dictatorial spirit, that cannot brook any methods but those they have themselves practised or evolved.

The greatest example of unfairness—so great that it is almost criminal—is the spirit of injustice, intolerance and prejudice

which has been allowed to creep in, and get a hold in such organizations as the Red Cross and Army nursing service. Just consider for a moment a great National organization like the Red Cross, an organization that is always and ever trying to stir up the enthusiasm of the American public for its support, an organization that belongs to every American citizen who forms a part of it, and then try to grasp the fact that some of the finest nurses the profession in this country has produced, are debarred from nursing service in the Red Cross, because of petty prejudice, and a few cut and dried rules and regulations which are simply absurd, and have no real value or excuse for existence. Try to realize that not only the educational department of New York State, but a department of the Federal Government is being used to advance the interests and foster the prejudices of a few nurses. You ask, how can such things be? How did such things come about? We will tell you at a future time, for the present we believe that any one who reads Miss Fiske's article with intelligence, and without prejudice, will feel with us that *the nurse bosses must go* and in their place we must have broad open-minded women, in no other way can we get justice, tolerance and fairness for all nurses.

A prominent resident of New York City happened to be in Albany, on other legislative business, at the time of the first hearing on the Seeley nurse bill, and through curiosity attended the hearing. Later he was asked how the supporters of the bill impressed him, and he replied, "There was one woman who I really believe was sincere, but the others were merely politicians." There can be no doubt that anything which touches the interests of suffering humanity, and has to do with the problems of life and death as does nursing, is much too big and important in New York or any other state to be under the control and domination of "merely politicians."

Flowers for Our Magazine

A well-known Hospital Superintendent who has been a valued friend of, and subscriber to, *THE TRAINED NURSE AND HOSPITAL REVIEW*, for years, in sending in a new subscription, voices her appreciation as follows, "I take several magazines, dealing with the work I am doing, and none is more eagerly welcomed than *THE TRAINED NURSE* with its blue cover. I have said many times that if I get from a book or a magazine, even one practical idea, plan, or suggestion, which I can use in my daily work in any way, I feel that it has been worth all that I paid for it. It would take me a long time to make a list of all the practical ideas and suggestions I have gathered from *THE TRAINED NURSE*, and I think it grows better every year. It touches such a wide range of subjects, yet always seems to keep to practical lines, and then it is so free from party politics, if I may use the term, and always endeavors to give a common-sense view of general questions. I will try to keep up my record of two new subscribers a year."

From a private duty nurse we have the following: "I enjoy *THE TRAINED NURSE* and look forward to the time for each number. I find it a great help, and an inspiration to do my best in my work." And another: "*THE TRAINED NURSE* grows better every year. It is just what a private duty nurse needs; it is practical. *Nursing in Diseases of the Heart*, by Minnie G. Morse, is alone worth a year's subscription."

Such letters as the above do more than the writers dream to help the cause for which we are all working—or supposed to be—better care for the infirm, sick, and helpless members of the human family, and the prevention of sickness. Do not let us ever lose sight of the fact that these are the main objects for which nurses, hospitals, and nursing and hospital magazines exist. Even editors who are supposed to be indifferent to hard knocks, do better work

when they know their efforts are appreciated and know they are helping people to do their task with just a little more wisdom and courage.

By the way; speaking of the spirit of fair-play which has always characterized this magazine, perhaps some of you have heard of the Irish judge, who became famous because of his statement on one occasion that, "*Hearing both sides of a question has a tendency to confuse the court.*" We fear that some magazines have adopted the policy of the Irish judge, and have decided that hearing both sides of a question has a tendency to confuse nurses, and therefore but one side should have a hearing. You can be sure that whatever your views may be, or which ever side you are on, your case will have a fair hearing, before the readers of *THE TRAINED NURSE*. We represent in America many different shades of opinion, and have complex situations to deal with, which must modify our views on many questions. Nurses of America should cultivate a spirit of tolerance, fair-play, and sympathy for those who are working under difficulties such as some of us know nothing about.



Concerning Disinfection

There are few practical duties which a nurse is called upon to perform fraught with greater responsibility, than the common everyday problem of disinfection. There are disinfectants that disinfect; there are other disinfectants—so-called—that do not disinfect. How to tell the one from the other; how to be sure that the methods used are accomplishing the work of disinfection, is a question that many thoughtful conscientious nurses have asked.

The International Congress of Hygiene and Demography, which met in Washington last year, appointed in connection with the International Congress of Applied Chemistry, a joint committee to define a test for the bactericidal control of disinfectants and

thus the task of standardizing disinfectants was given a great impetus. Foremost among the workers of America on this practical problem of vital interest to nurses and hospitals is Dr. J. T. Ainslie Walker whose article on the selection and use of disinfectants appears in this number.



The Meaning of "Nurse"

Under the title, "Meaning of Nurse Explained to Class," the Washington *Star*, of May 22, prints the following: "The meaning of the word 'nurse' was defined by Miss Clara D. Noyes, Superintendent of Nurses at Bellevue and Allied Hospitals, New York, in an address to the graduating nurses of the Garfield Memorial Hospital Training School. Miss Noyes told the graduates and her audience, that there are a great many definitions of the word used in this country, but that the only true definition was that applied to those who had studied and completed a course in a hospital. She also told of efforts in several of the states to restrict any one who was not a graduate of a hospital from using the title." The *Star* does not mention whether Miss Noyes told of the disastrous result of such an endeavor in New York State or not.

We trust that Miss Noyes has been misquoted. It is very hard to believe that a woman of her ability would make statements that could not be borne out by facts, for one can search every recognized authority without finding any such meaning given to the word nurse, as a hospital training school graduate.

If Miss Noyes told these young graduates of the efforts to restrict the title nurse to a hospital graduate, we hope she also told them of how these efforts had been received. We hope she told them of the comments of the press of the country. She might have

quoted with profit, the comment of the *Outlook* which ran as follows:

"The word nurse is a generic term that for generations has had common use wherever the English language is spoken. We think it open to question whether an act of the Legislature, however desirable its object may be, can educate the public by a stroke of the Governor's pen to abandon the generic use and adopt a specific and technical use in its place." And then to show the views of some nurses on the subject, she might have quoted the comment of a writer in *The Johns Hopkins Nurses' Alumnae Magazine*, who says: "We are inclined to agree with the *Outlook* as to the difficulty of legislating a meaning into a name so general and of such wide application any more successfully than morals may be legislated into a people. The mistake may have been in the first use of the word by hospital graduates to describe their calling, and their best method of keeping it may now lie in so dignifying that use by their own conduct and in demanding that hospitals set a standard of graduates so high that, even like Christians, 'by their fruits ye shall know them.' No more than with 'doctor' would there then be likelihood of the many varieties of 'nurse' being confounded the one with the other. A public that differentiates between doctors of medicine of several schools, of veterinary, surgery, dentistry, osteopathy, chiropractice!—the latest 'healing' art—and what not besides, may some day learn to take its nursing seriously and to demand what it begins to demand of its doctors, personal probity and a high standard of technical training."

If Miss Noyes failed to tell both sides of the story, she was doing a great injustice to this class of new graduates, and was sending them forth with wrong ideas and prejudices which will surely prove a handicap in their career.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The American Hospital Association

The American Hospital Association meets this year in Boston, and Boston has determined to make the meeting the best which has been held. Boston having made such a resolve, there is little doubt but that her guests will be glad they came. The Committee on Local Arrangements has already made quite complete plans, not so much for the so-called entertainment of their guests, but for their comfort and convenience.

Booklets giving exact and full information concerning points of interest in and about Boston have been prepared and may be had by applying to the Chairman of the Committee, Dr. Wm. O. Mann, Superintendent Massachusetts Homeopathic Hospital, Boston, Mass.

"Every schoolboy knows," but some of us busy people may have forgotten, that Boston and its environs are more closely connected with the establishment of our nation than any other locality. Lexington, Concord, Bunker Hill, Charlestown, Beacon Hill, Boston Common, Faneuil Hall, the old State House, the old North Church, etc., stand for much that is distinctly American and therefore interesting to every one of us.

There are many spots in and about Boston which are well nigh holy ground to many of us, and others which have about them a halo of romance. The Wayside Inn at Sudbury, the Washington Elm at Cambridge, the Paul Revere House, the old Corner Bookstore (haunt of many of the literati), Witch Hill at Salem, Plymouth Rock and many other places of historic or literary interest are within a few minutes or few hours' ride.

The A. H. A. meetings will be held at the new Copley Plaza Hotel on Copley Square, where at one's elbows are the Boston Public Library with its famous paintings by Abbey and its frescoes by Sargent and de Chaulvannes, Trinity Church with the statue of Phillips Brooks beside it, and the Old South Church. The beautiful Public Gardens are but a few steps away, the Art Museum whose collection is

one of the choicest in the country, is a short ride, and much of interest near at hand.

Boston possesses a group of hospitals unrivalled in America and these alone are worth coming to see. Of the older institutions, the Massachusetts General and the Boston City are interesting because of their age and history as well as for their up-to-date methods. Of the newer ones, the Peter Brigham (representing the plainest construction consistent with proper care of patients), the Robert Brigham (which proposes to make useful and happy people out of the cases which no one else wants), the Children's (which has one of the few "pay" training schools for nurses and sends its pupils to college for six months), the Psychopathic (which is trying to find out the truth about mental troubles and which conducts an out-patient department for these cases), the Collis P. Huntington for research in cancer cases, the Boston Consumptives (where they take only incurables but have twenty-five visiting nurses among patients' families), the Infants', the Deaconess', etc., are worthy of mention.

Very many of the newer things in hospital work had their origin in Boston and many of us will find it worth while to seek their source. The Massachusetts General was the founder of hospital Social Service work. The Massachusetts Homeopathic is doing some notable service in its Public Health Talks. The Forsyth Dental Clinic, for school children, is extremely suggestive, the Massachusetts Eye and Ear and the always fascinating Floating Hospital tempt one to spend some time in investigating their methods.

With such a feast of good things in prospect many of you will need no second invitation to come to Boston. Nurses and laymen who are not members are welcomed at the meetings, and the city itself fairly teems with places to go. The Committee cannot guarantee weather, unfortunately, and does not know whether its guests will be greeted with humid heat or a downeast drizzle, but they will give you a profitable time despite anything which the Signal Service may do.

We have the advance proofs of the program, but regret that we did not have space left when they reached us to give the program in full, so we can only mention some of the many interesting features. Reports of more than usual interest will be Report of Committee on Medical Organization and Medical Education, Report of Committee to Consider the Grading and Classification of Nurses, Report of Committee on Hospital Construction, Report of Committee on Hospital Finances and Cost Accounting, and Report of Committee to Outline Standard Course in Hospital Administration.

Among the papers are the following: "Relation of Hospital Efficiency to the Efficient Organization of Home Nursing," by Mr. Richards M. Bradley; "The Grading of Nurses," by Miss Mary M. Riddle; "Inspection and Standardization of Hospitals," by Dr. John Allan Hornsby; "How the Small Hospital May be Made Self-Supporting," by Mr. G. W. Olson; "The Employment of Third-Year Pupils as Special Nurses," by Miss Mary Alberta Baker; "The Private Patient's Relation to the General Service," by Dr. Charles H. Young, and many others of great value and interest. The section on Small Hospitals will be in charge of Miss Mabel Morrison, and will include the Round Table, which has been such an attractive feature of the conventions.



Detroit General Hospital

Those of our readers who visited the hospital convention in Detroit will remember the beautiful model of the Detroit General Hospital which was such a striking feature of the hospital exhibit. They and others will be interested in knowing that the first buildings planned for patients are now under roof and the work is being pushed forward rapidly. The service building and power building were first started, then the private patients' pavilion. A gift of \$75,000 for a children's building has recently been made.

In an artistic booklet recently issued the following description of the general plans, progress and further needs are outlined:

The site comprises twenty acres at the northwest corner of West Grand Boulevard and Hamilton Boulevard. The land was purchased for \$90,000 cash in 1909. It is now valued at \$200,000.00.

The plan is comprehensive and is capable of harmonious expansion to meet the growing demands of the city for many years to come. In its development a thorough study of the hospi-

als of two continents has been made by personal visit of the architect and of a committee of the medical staff.

All the buildings for patients are so placed that they receive service from one central building. They are connected with one another in such a manner as to provide for economical and efficient management. Their arrangement about central courts provides for light and air and gives opportunity for landscape treatment. In fact, the spaciousness and conspicuous location of this site allow so much scope for the artistic use of trees and shrubs that the grounds should in time become an attractive park.

The buildings are low, simple and artistic in design, and they have a home-like, rather than an institutional appearance. All are of fireproof construction. They will serve humanity for many generations.

The Service Building includes store rooms; kitchen; facilities for the teaching of cooking; laundries; a serve-self room for employees; dining-rooms for nurses, internes, officers, and dormitories for employees of every department. It is large enough to care for a plant of six hundred beds. This building is nearing completion. Its cost is above \$125,000.00.

BUILDINGS FOR WHICH PROVISION SHOULD BE MADE

1. First surgical pavilion, with an addition containing admitting and detention rooms. Cost \$100,000.00.
2. Out-patient building where people who are unable to pay and who are not confined to bed may come for free advice and treatment. Cost \$50,000.00.
3. First medical ward. Cost \$75,000.00.
4. First section of nurses' home. Cost \$75,000.00.
5. Buildings for treatment of physical deformities, especially those of children. Cost \$50,000.00.
6. Building for treatment of eye, ear, nose and throat. First section Cost, \$75,000.00.
7. Building for women in confinement. First section. Cost \$50,000.00.
8. Building for people who are mentally sick, but should not be sent to an asylum for treatment. Cost \$50,000.00.
9. Building for all forms of mechanical treatment. These include varied forms of prescribed exercise; application of electricity; massage; treatment by application of heat and cold; treatment by various forms of light rays; treatment by baths of different kinds. This building will be one of the most useful in the group.

10. Administration building.

When all the above-mentioned buildings are erected, still there will be room on the site for expansion.

Each of the patients' pavilions is planned to serve some one department of medical practice, and, over each such building, one director will have responsibility for the character of the work in that department, just as in a well-conducted industrial establishment. And, while each building, when added, will be complete as a working unit, the number of buildings can be increased as the money needed for construction is made available.

Dr. J. N. E. Brown, the superintendent, is in charge of the details of construction, and Miss Muldrew, a Hopkins graduate, has been appointed superintendent of the training school.



What the Pedometer Might Tell

Efficiency has been defined as "the ratio of useful work for the time and money and energy expended." Business houses, hotels and factories of all kinds which are doing successful work are making a continual study of how to save the time and energy of employees which represents money to the firm. One of the secrets is to have the things needed to work with, so that they can be reached conveniently without waste of motion. In the best planned, newer hospitals, the matter of conserving human energy in hospitals has received and is receiving considerable attention in recent years. There are many of the older hospitals which might wisely devote some study to how to lessen the amount of walking which nurses have to do to bring the supplies from the places in which they are kept to the bedside where they are to be used.

Writing on the subject of economic waste, Spencer Gibb, in a London (England) magazine notes among the forms of physical strain to which the working boy is subjected the excessive amount of walking which many of them have to do, and gives one case where an office boy's record, kept on a pedometer for a week, showed that he averaged twenty-eight miles a day in the performance of his work.

It is not at all unlikely that if the record of walking some nurses do in a week were to be kept on a pedometer the results might be striking enough to lead to some much needed changes. It is entirely possible to be too well satisfied with existing conditions and too timid about suggesting needed changes and improvements to the board. Quite often the first suggestion may be

frowned on by the leading workers on the board, but it nevertheless acts as a seed thought, which if tactfully followed up will certainly bear fruit.

In a certain hospital, the crowded condition of the main diet kitchen and serving room (from which trays for upwards of a hundred patients had to be dispatched three times daily) was most embarrassing. The superintendent had suggested removing a partition and throwing an adjoining small room into the diet kitchen, and a rearrangement of the tables and fittings, so as to facilitate serving. The board listened to the suggestion in a most indifferent manner. A couple of weeks later the superintendent invited two lady members of the board to be present during the serving of the noon meal. The confusion owing to the crowded condition impressed them as no oral recital of conditions could have done, and the changes were promptly made.

There are very few superintendents who have no need to undertake the study of the conservation of human energy in a hospital—their hospital. There they can both theorize and practice in the subject. A little later we hope to present some articles on the subject by one who has made a special study of that particular department of hospital science, but the editor of this department will always be glad to receive letters from those who have succeeded in preventing needless waste of energy in the hospital in even the smallest degree.



Hospital Accommodations for Acute Venereal Cases

There is probably no class of disease which presents greater difficulties in regard to control of infection, and for which less hospital provision has been made than is the case with venereal disease. At a recent meeting in the Academy of Medicine, New York, the lack of hospital accommodation for this class of patients was freely discussed. The proposition of the health department to establish special hospitals for venereal patients was fully considered. Dr. S. S. Goldwater advised the establishment of special departments in general hospitals rather than the development of such special hospitals. He admitted that a prejudice had existed in regard to these patients in general hospitals, but stated that public sentiment had become aroused and that one result of the educational movement had been a change of front on the part of hospitals and the public. He believed that there were evidences on the part of general hospitals of a determination to develop facilities for hospital treatment of venereal patients, and thought the next year or two would

show a decided improvement in regard to accommodations for these patients. At the conclusion of the meeting the following resolution was read and referred to the council of the Academy for action and recommendation:

"Resolved, that the New York Academy of Medicine (1) is opposed to the establishment of a clinic for the treatment of venereal diseases by the department of health until it has proved that the existing dispensaries, private and public, cannot be made adequate to the needs of the city. (2) Approves the facilities for the diagnosis of venereal diseases which the department of health affords through its laboratories. (3) Is in favor of reporting hospital and dispensary cases of gonorrhea and syphilis to the department of health under the regulations promulgated by that department, and of the uniform use of such nomenclature as may be approved by the department of health. (4) Favors the establishment by the health department of hospitals for the care of those in certain stages of venereal infections. (5) Favors action leading to the admission under suitable precautions of acute stages of syphilitic infection in the wards of general hospitals. (6) Favors the establishment of a special department for the treatment of syphilis in every general dispensary desiring to treat these diseases. (7) Recommends the formation of an association of gastrourinary and syphilitic departments of general dispensaries in this city, possibly in connection with the Associated Out-Patient Clinics of the City of New York, for the purpose of co-ordinating and standardizing the medical and administrative work in connection with venereal diseases. (8) Favors measures, such as the abolition of duties, which may reduce the cost of salvarsan. (9) Is of the opinion that it would be helpful in attacking the problem of social diseases if newspapers in discussing these diseases used the names syphilis and gonorrhea."



Private Hospitals

The great increase of private hospitals owned by physicians individually or jointly, is one of the significant features of hospital progress in the twentieth century. These range in size all the way from eight or ten beds to seventy-five to one hundred. One of these institutions recently completed is the Baker-Craig Hospital at Charleston, S. C., erected at a cost of \$100,000. It has a capacity of sixty-five patients, a splendid equipment and expects to employ a staff of twenty-five nurses. Miss Alice B. Commer is superintendent.

Notes and News

Bethesda Hospital, Cincinnati, has issued its seventeenth annual report, a beautifully illustrated booklet which contains a wonderfully inspiring record of progress. The value of the property owned by the corporation is \$518,000. The main building contains seventy beds. Adjoining it, a new maternity hospital, capable of caring for fifteen hundred patients annually and equipped with all that is best in such hospitals, is nearing completion. It has also what many city institutions deeply desire and need, a beautiful suburban property of forty-seven acres in Clifton, known as Scarlet Oaks, which is used as an annex to the hospital, chiefly for convalescents. The location of Scarlet Oaks is said to be ideal and other departments connected with the hospital are to be erected as funds are provided.

Mrs. Helen L. Jordan of Boston, has transferred to the New Brunswick government, her beautiful summer residence, together with 800 acres situated twenty miles from Moncton, N. B. and five miles from River Glade on the I. C. R., to be converted into a tuberculosis sanitarium. Dr. Townsend, of Boston, is to have charge of it.

The directors of the Winifred Masterson Burke Relief Foundation announce that contracts aggregating more than \$1,000,000 have been signed for the erection of the Home for Convalescents, at White Plains, N. Y. Construction is to begin at once, and it is expected that the buildings will be completed in less than two years. The home will occupy a site comprising 60 acres of land, and the present plans call for the erection of eight buildings, which will accommodate 300 persons. Additional buildings will be erected as required.

Jefferson Hospital, Philadelphia, reports that an accident or emergency case is cared for by that hospital every forty-five minutes, day and night. Within the last five years, the hospital has expended for maintenance alone, \$1,115,235.15. The value of the property and equipment included in the hospital and nurse's home, is estimated as above \$2,000,000. The report is a ninety-seven page volume, well illustrated and attractive.

A Methodist Hospital to cost \$250,000, and to be located in Los Angeles, is to be erected soon. J. H. Andrews is in charge of the campaign for funds.

Book Reviews

The Operating Room and the Patient. By Russell S. Fowler, M.D., Chief Surgeon First Division, German Hospital, Brooklyn, New York. Third edition, rewritten and enlarged. Octavo volume of 611 pages, with 212 illustrations. Cloth, \$3.50 net.

In addition to being a complete guide to the operating room, this work is now a complete manual of pre- and post-operative treatment, both in private and hospital work.

The author has revised the book from beginning to end, making it necessary to reset the entire work. All the new material in this field has been included. In this edition the text has been simplified and the whole subject is presented in a terse, readable manner. This new edition contains 327 more pages and 179 more illustrations than the previous edition. In the preface the author summarizes the underlying principles of successful treatment as follows: "careful anesthesia, exact hemostasis, asepsis, rest of the injured part, use of the rest of the body, feeding advanced to normal as fast as the anæsthetic weakened stomach can care for it, and the following of the general rules of hygiene."



Clinical Laboratory Methods. A Manual of Technique and Morphology Designed for the use of Students and Practitioners of Medicine, by Roger Sylvester Morris, A.B., M.D. Price \$3.00.

The advancement in medical education in this country has brought about a wide increase in the use of laboratory methods as aids to diagnosis, and practitioners generally are realizing the necessity of the laboratory in their work. These facts inspired the preparation of the present volume. The author presents his work, not as a text-book of Clinical Pathology, but as a manual of laboratory technique and morphology, dealing merely with methods and with morphological elements which are of diagnostic importance. He gives in detail the means of detecting the abnormal in urine, gastric contents, feces, blood, sputum and puncture fluids. The significance of the abnormal is not discussed. He believes that it is absolutely essential that the

student of medicine, graduate and undergraduate, should know under what conditions albuminuria may occur, whether it be of nephritic, cardiac, toxic, physiological, or whatever origin. He must be aware of the possible significance of a secondary anemia, of an atypical reduction test in the urine, of Charcot-Leyden crystals in sputa, of a hydrochloric deficit in the gastric contents, but does not believe it necessary to burden the memory of the student with the details of the various laboratory methods by which such abnormalities are detected, consequently a multiplicity of methods are not given or described, the author confining himself to one or more methods of proven value.

We are hearing more and more of nurses taking up laboratory work, and of their being placed in charge of hospital laboratories. This book, on account of its very practical presentation of the subject, would seem to be well adapted for the nurse.



Muscle Training in the Treatment of Infantile Paralysis. By Wilhelmine G. Wright, of the Boston Normal School of Gymnastics. Price 25 cents.

The increase in the number of patients afflicted with infantile paralysis in recent years, and the cruel crippling deformities which so frequently result, has stimulated research to find methods of reducing such deformities to a minimum. The importance of carefully supervised exercises in bringing back the maximum of strength to the muscles chiefly affected, is an important part of the management of such cases. Since this duty wholly, or in part, so often devolves upon nurses, we are glad to call attention to this valuable booklet. Miss Wright is well adapted to write upon this subject, as she has for six years been assistant to a prominent Boston Surgeon. The booklet gives the reasons for the use of exercises in infantile paralysis, the general details of the treatment, and the exercises to be used in the treatment of different muscles. The booklet is reprinted from the Boston Medical and Surgical Journal, and can be had by addressing that journal, and enclosing 25 cents.

(Continued in Publisher's Desk)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Nurse and the Tuberculosis Patient

The following letter appeared in the New York Evening Post, March 20, during the agitation over the Seeley nurse bill. We have been asked to reprint this letter not only on account of its bearing on the bill in question, but more especially on account of Dr. Trudeau's statements regarding the graduate nurse, and the tuberculosis patient. We are pleased to comply with the request for the publication of the letter.

"It seems to me that in the case of the tuberculosis nurse, the restricting of the word 'nurse' to registered nurses alone would do a great injustice to many others.

"The situation here is as follows: The regular registered nurse, as a rule, will not take care of tuberculosis patients if she can help it. I have applied several times for regular nurses for patients here, and have been told by superintendents of hospitals that the nurses would not take care of tuberculosis. Now, of course, they have a perfect right to do this. The result has been that we have been obliged here to nurse the sick mostly with what practical nurses we could get, and they seemed to have answered the purpose admirably, especially where they have had a chance at some training and at the nursing of consumptives.

"In view of this situation, I have started a Training School at the Sanitarium where young women, who are themselves arrested cases, have two years' excellent training, principally, of course, in nursing the tuberculous, but they also get a certain amount of education in anatomy, physiology, etc. If the Seeley bill goes through, after two years' work, these women would be nothing that I know of, because you could not call them nurses by law, and they would have no advantage at all of their training.

"Now, in view of the fact that the registered nurse will not nurse tuberculosis, I certainly think we are warranted in educating women who will, and when these women are educated, I think they have just as good a right to the title of nurse as any others who qualify, affixing whatever designation you please—but they certainly are nurses.

"In addition, the trained nurse makes a regular charge of \$25 a week, which is certainly all right where the services of a registered nurse are required generally, but in a long and chronic ailment like tuberculosis, there are very few patients who can afford to pay \$25 a week, and as a rule, the registered nurse (if she will take a case of tuberculosis) is not the equal of a specially trained tuberculosis nurse."



A Problem

To the Editor of The Trained Nurse:

Perhaps this same problem is puzzling many another sister nurse.

Recently I was on a case where the doctor often left medicine without telling me what the medicine was or what he was giving said medicine for. More frequently I had to guess from what complaints I heard the patient make to the doctor, otherwise I would not know what the effect of medicine would be.

What should one do in a case like this? Surely it would be considered proper to ask the doctor what the medicine was or for what it was given. Every nurse wants to know what effect the medicine she is giving is supposed to have.

M. M.



Working Hours of the Nurse

To the Editor of The Trained Nurse:

To those of us who have tried to keep the high ideals of Florence Nightingale ever before us, and who have looked with pride upon our *profession of nursing*, it is very disheartening to read that the nurses of California have been willing to drop the professional idea, and to put themselves under labor union laws, for even though the law that has just passed the California Legislature applies only to pupils in the training schools, it cannot help but affect all nurses, for there can be no such thing as labor union in the training school, and a profession after graduation.

There may be schools which do not deal justly with their pupil nurses, but this is not an excuse

for putting all hospitals in a state in a position where they cannot properly care for the sick and injured. If there are wrongs to be righted, they should be righted in some other way, and not at the expense of the sick and helpless. In this case the end will surely not justify the means, and those who have been instrumental in bringing such a condition about, have much to answer for.

LYDA P. HENDERSON.



A Word in Defense

To the Editor of The Trained Nurse:

I have felt very keenly the criticism that has been heaped upon the members of the New York State Association of Nurses in connection with the Seeley nurse bill. I ask space that I may state my case as a member of the association, thinking that it may apply also to others. I attended the meeting at Utica, and was present at the time the amendment to the nurse practice act was discussed, and yet I was greatly surprised when I saw the printed bill, as it seemed to me quite different from the matter as presented at the meeting. The discussion was very interesting and seemed to me very fair, after it had been pretty thoroughly discussed, some one said that no more time could be given to it, and that it would have to be referred to a committee, the committee was appointed, and it would seem that the committee must have made many changes for I feel quite sure that the majority of the nurses would not have approved, or did not approve the amendment in its final form as presented to the Legislature.

A MEMBER OF THE ASSOCIATION.



The Nurse's Fee

To the Editor of The Trained Nurse:

I have just read with interest each article in THE TRAINED NURSE AND HOSPITAL REVIEW. It is my first copy, one of our doctors gave it to me yesterday, I had often heard of the magazine, but had never troubled to look it up. I was favorably impressed with the discussion of the fees of nurses. My motto has always been, "live and let live." There are only a limited number of people able to pay \$25 or more per week for the services of a nurse, but we have some nurses here who are trying to ruin the profession by raising prices. If I can get sufficient rest to do justice to all concerned, I am willing to do double duty for \$25. If we all

thought more about humanity, and less about the almighty dollar, how much good we might accomplish.

LUCY TATUM.



Practical Suggestions

To the Editor of The Trained Nurse:

With a very stubborn little maid of not quite four summers, who would insist on picking sores that had developed on her back in a scarlet fever case, I conceived the idea of making a small pair of mittens out of muslin, with tapes on to tie at wrist, putting them on at night, and keeping them on till morning. It worked wonders, and she thoroughly enjoyed the novelty, and if I forgot to put them on, she never failed to remind me.

HILDA G. BLANCHARD.



To the Editor of The Trained Nurse:

I have recently made a discovery which I am passing along hoping that it may be helpful to some sister nurse. Adhesive straps can be removed very easily, if first moistened with gasoline.

E. E.



To the Editor of The Trained Nurse:

The following may be found of value: in giving Epsom salts, give the patient an after-dinner peppermint first, then the salts, and another mint after. In this way the taste will be entirely disguised. Also lemon juice added to the salts makes it more palatable.

E. R. DEMBY.



To the Editor of The Trained Nurse:

I have read many helpful suggestions in our magazine, and now I am sending one which may be added to the collection, namely, the molasses enema for constipation, which has proved beneficial when other remedies have failed. Take one pint of molasses, heat to boiling point, then stir in one pint of milk. Let cool to moderate temperature and administer as other enemata.

M. DIGGS.



Diet in Typhoid

To the Editor of The Trained Nurse:

I should like to know the experiences of some nurses in the States, in feeding typhoid fever

patients. An U. S. Army Surgeon has been very successful here with a special diet. He gives baked potatoes put through a sieve, with whipped cream for one thing. I have not had a case for him, as most of my work is obstetrical.

MRS. M. D. LEWIS.

Tientsen, China.



Advice Wanted

To the Editor of The Trained Nurse:

For several years I have contemplated making a change from private nursing to visiting work of some kind or to hospital social service. I would like to ask if my being trained in a small hospital of fifty beds, with mostly private patients, would be a help or a hindrance to me in this new work which I contemplate. Also whether I should enter somewhere for a course of training before trying for such a position, and how long such a course of training should be if it is necessary to take one.

I wish very much that some nurse in district work or hospital social service would write a letter or article of advice to nurses who think of entering these lines of work.

AMHERST.

Advice Asked

To the Editor of The Trained Nurse:

I suffered everything for six weeks with an infected frontal sinus. Nothing gave me any relief until it began to discharge freely through the nasal passages. In twelve years' practice, as both private and hospital nurse, I never saw such a case. If any one has had experience with this particular evil, I should be very glad to hear from them; no one here seemed to be able to relieve me.

E. R. C.



Duties of Office Nurse

To the Editor of The Trained Nurse:

May I ask for information regarding the duties of a graduate nurse employed in the office of a physician and surgeon?

I would be glad to have the work outlined by someone doing this particular kind of work.

R. N.

We will feel favored if some of our readers will furnish this information.

ED.

HOSPITAL NOTES

Hospital Legislation in Ontario

The passage of a bill relating to hospitals in Ontario at the recently adjourned session of the legislature marks an advance step in hospital legislation which is noteworthy. The bill provides for the inspection and licensing of all private hospitals. This is aimed at the extinction of the irregularly conducted maternity hospitals chiefly. It demands that either a duly qualified medical practitioner or a trained graduate nurse shall at all times be in charge of such places and includes a penalty of \$25 per day for each day in which a hospital is conducted without such persons being in charge.

A section of the bill which is especially noteworthy is that which states that no hospital receiving government aid shall refuse to admit and care for a patient having tubercular disease. As

practically all Ontario hospitals receive such aid it involves some important and sweeping changes in policy.

The bill also provides for the registration of nurses graduating from hospitals receiving government aid.

It also provides that the government aid granted to any hospital shall not exceed in any year the amount of the municipal grant.

At Kalamazoo, Mich., there will be built this coming year three hospitals—a tuberculosis hospital, a detention building and a hospital for contagious diseases.

Mrs. A. A. Geissinger will erect a \$100,000 hospital in Danville, Pa., as a memorial to her husband and endow it with \$500,000.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Spanish-American War Nurses

At the dedication of the Maine Monument in New York City, May 30, a wreath was placed on the monument by Mrs. Elizabeth Irwin Amerman of Camp Roosevelt, representing the Spanish-American War Nurses.



Massachusetts

The first formal presentation of diplomas of the Boston Lying-in Hospital Training School for Nurses, occurred April 29, in the music room of the residence of Mrs. Charles Hamlin, 2 Raleigh Street, Boston.

After a musical program, the diplomas were awarded by Dr. William L. Richardson, the president of the Hospital.

Other musical numbers followed, after which delicious refreshments were served.

There were thirty-seven members in the class, (not all of whom could be present), representing twelve general training schools; ten of these are occupying institutional positions.

The hospital was incorporated in 1832, and the training school established in 1888.



Rhode Island

Graduating exercises of Class 1913 of the Homeopathic Hospital of Providence, R. I., were held in the Y. W. C. A. Hall, Tuesday evening, June 3, 1913. Prof. Walter Jacobs and Rev. John F. Vichert addressed the class, and music was furnished by a trio, consisting of violin, 'cello and piano. The awarding of the diplomas by the president of the corporation completed the exercises. A reception followed. Those receiving diplomas were Miss Adele Vivian Brown, Mrs. Mary A. Dillon, Miss Margaret Gray, Miss Ethel M. Walker.

The graduating exercises of the class of 1913 of the Rhode Island Hospital Training School for Nurses, were held in the service building of the hospital, Wednesday evening May 7. Thirty-six young women received diplomas.

Among the special features of the very interesting program, were the addresses by Miss Jessie E. Catton, superintendent, Springfield Hospital, Springfield, Mass., and Dr. C. Irving Fisher, superintendent, Presbyterian Hospital, New York, and the presentation of diplomas by Johns H. Congdon, Esq., chairman of committee on nurses. A reception followed the exercises.



Connecticut

The annual meeting of the Alumnae Association of the Connecticut Training School was held June 4 at 3 P.M. in Hotel Bishop, with the president in the chair. Routine business, followed by annual reports of treasurer and secretary and election of officers for coming year, also executive board.

President, Miss Anna Barron; first vice-president, Miss A. E. Bigelow; second vice-president, Miss E. Payne; treasurer, Mrs. M. J. C. Smith; secretary, Mrs. I. A. Wilcox; executive board, Mrs. Fleischer, Miss Lanfare, Mrs. Marsh, Miss M. K. Stack.

The meeting then adjourned, to allow the members to act as hostesses for the dinner given to the graduating class of twenty-one, at 6 P.M., at Hotel Bishop. During that time Mrs. I. A. Wilcox, Class '81, read a paper on "Early Days of the 'School.'"

At 8 P.M. the graduating program was held in Gifford Chapel on the hospital grounds, diplomas presented, and an address by Professor Bacon. Also a paper read by Mrs. Fairchild, on "The History of the Training School." Later the usual social time with each other and friends took place.

Miss Stowe, who has been superintendent of the nurses for eleven years, has resigned to leave the hospital about the middle of the month. She was presented with two beautiful pins, one by the Alumnae and one from the graduating class.

The following day, at Hotel Taft, a reunion occurred of about one hundred and fifty graduates of the Connecticut Training School, which was greatly enjoyed, and followed by a most delightful banquet in the Palm Room at 4 P.M., with the hospitable round tables decorated with

the mountain laurel, the State flower of Connecticut. As the school was organized in 1873, this year made the fortieth anniversary of that event, and it was a cause of much happiness to have assembled graduates from so many different States and Canada. Miss Barron, president of the Alumnae Association, presided, calling on one from each class present for remarks, so that about two-thirds of the classes since 1875 responded. Many regrets were expressed that Miss Rachel Bailey, of Northampton, Mass., the only surviving graduate of the first class of 1875, could not be present, but a very charming letter was received from her instead. An effort is being made to locate all who have ever received a diploma from the school at any time in the past. Will any one seeing this notice kindly send their name, address, year of diploma, etc., to Mrs. J. R. Marsh, 856 Howard Avenue, New Haven, Conn., that it may be placed on file for future occasions.

The Hartford Hospital Training School for Nurses, held graduating exercises at the nurses' residence, Wednesday, June 11, 1913, at eight o'clock. The very interesting program included prayer by Rev. Samuel Hart, D.D.; address, Arthur L. Shipman, Esq., of the Board of Directors; presentation of diplomas and prizes, Dr. O. C. Smith. There were thirty-two graduates. Prizes were awarded to the following students. Senior year—first prize of \$50, donated by Dr. O. C. Smith, to Lenny Stuart Barton; second prize of \$25, donated by a member of the executive committee to Aida Harriet Salmon. Intermediate year—first prize of \$50 donated by Mr. Austin C. Dunham, to Bertha Henrietta Uzelmeier; second prize of \$25, donated by a member of the executive committee, to Ethel Eva Hall. Junior year—first prize of \$50, donated by Mr. Austin C. Dunham, to Greta Mae Ferris; second prize, \$25, donated by a member of the executive committee, to Eva Anna Crowdis. A reception followed the exercises.



New York

A class of twenty-four received certificates at the graduating exercises of the National Training School for Certified Nurses, Albany, on Wednesday evening, June 11. The exercises were held in the Albany Institute and Historical Art Society. Addresses were made by Dr. E. A. Bartlett, Rev. H. C. Colebrook, Mrs. Elmer Blair and Rev. E. C. Lawrence, Ph.D. The valedictory was delivered by Miss Edna Agnes

Baillie. President William O. Stillman, M.D., conferred the certificates. There was also a fine musical program.



Pennsylvania

The fourteenth annual commencement of the Kane Summit Hospital Training School, took place on May 27 and three following days.

The scene of the event was the First Presbyterian Church which was beautifully decorated with the class colors, pink and white, and a profusion of flowers and plants.

Rev. F. R. Courtice of the Methodist Church presided over the gathering. Vocal music, address to the graduates by Dr. H. M. Heimback, presentation of diplomas and badges to the graduates, Misses Bauer, Staples and Mitchell were the chief events of the evening.

The formal exercises were followed by a very informal and enjoyable reception in the Church parlors, which was largely attended by the public. Ice-cream and cake were served by the pupil nurses. Selections of music by Mrs. Robinson and Miss Rich and the singing of America by the company brought to a close a very happy gathering.

The next afternoon, the annual meeting of the alumnae was held, and was largely attended. The new graduates were admitted as members of same. Officers for the coming year were elected, etc.

The report of the financial secretary, Miss Mohny showed the alumnae to be in a very satisfactory condition. It was decided that a representative be sent to the semi-annual convention to be held at Lancaster, June 20 and 21.

The alumnae banquet was served that evening at the New Thomson Hotel, and a dance was given the following evening, both of which proved to be most enjoyable occasions.

A wedding very quickly succeeded the Commencement, when Miss Harriet Staples was united in marriage to Mr. Albion Carlson.

The Friends Hospital Training School of Frankford, Pa., held its graduating exercises on Tuesday, May 27, 1913, at the Hospital, in the School Gymnasium which was prettily decorated for the occasion in the class colors of brown and gold. An address was made by Dr. Elizabeth C. Spencer, of Morristown, Pa. President of the board of managers, Alexander C. Wood, presented the diplomas to the following fourteen nurses: Miss N. Curry, Miss E. Flynn, Miss A.

Gildea, Miss M. Griffith, Miss A. Johnson, Mrs. A. Krewson, Miss L. Latus, Miss M. Mangan, Miss E. Prendegast, Miss M. Rogers, Miss N. Rolph, Miss K. Rutherford, Miss M. Seeds and Miss V. Walter. After the presentation of diplomas a collation was served to the nurses and their visiting friends; inspection of the buildings and grounds followed.

The first anniversary of the Friends Hospital alumnae was also held on that day, with Mrs. Jessie D. L. Urich, as president, Miss Margaret Delaney, as secretary, and Miss Rose Kerstan, as treasurer. It was a delightful meeting as there were fifty of the former graduates present.

On June 4, the Hospital celebrated its centennial anniversary, it being next to the oldest institution exclusive Mental and Nervous Diseases in the United States, the oldest being located at Williamsburg, Va.

The Nurses' Alumnae Association of the Woman's Hospital of Philadelphia gave the annual tea for the graduating class of 1913 of the training school, on May 22, at the Philadelphia Club for Nurses. The class numbered seventeen members. An enjoyable hour or two was spent socially. Instrumental and vocal selections were rendered from time to time.

The receiving committee was composed of Dr. Alice Seabrook, Mrs. Isabel Close, Mrs. S. S. Entwisle, Mrs. E. P. Vollers, Miss M. M. Bratten and Miss Anna McClure.

The Good Samaritan Hospital, Lebanon, Pa., on May 22, graduated a class of three nurses, namely: Mary K. Boltz, Ruth H. Arbogast, Martha I. Peiffer. The Rev. A. A. V. Bennington made the address to the nurses.



Ohio

The St. Vincent Charity Hospital Graduate Nurses under the auspices of the Florence Nightingale Club, held their fifth annual May party at Anderson's Dancing Academy on the 19th day of May. Too much praise can hardly be given the club for the delightful evening. The social spirit, refinement and charming personalities of the club members united to make the party one of the most enjoyable ever given by the club.

The happy faces of all present indicated a genuine appreciation of their efforts; and each was sorry that a whole year would intervene before the next Florence Nightingale May Party.

The benefit was donated to the Nurses' Home of St. Vincent Charity Hospital.

The Youngstown, Ohio, Hospital Training School for Nurses, held graduating exercises at the First Presbyterian Church, Tuesday evening May 20. The address to the class was delivered by Miss Mary E. Gladwin. President George L. Fordyce presented the diplomas, and Miss Ruth Pentland the class pins. There was music, both instrumental and vocal. The graduates are: Bertha Naomi Williams, Hildur A. A. Nilsson, Alice Mildred Kriedler, Delia Conricote, Anna Omi Jones, Cecilia Marie O'Malia, Winifred Clair Campbell, Anna Mary Roberts, Esther Richards and Florence Mary Gillespie.

The Commencement Exercises of the Training School for Nurses of Mt. Carmel Hospital were in the Assembly Hall of the hospital, Wednesday evening, June the fourth. The class numbered seventeen members. The graduates formed a very important part of the interesting program which was as follows: Hymn by the nurses; Class Song by the Graduating Class; Salutatory, Miss Nellie Miller; Opening Address, Dr. C. E. Turner; Opportunities, Miss Margaret Engle; Class Prophecy, Miss Florence Carr; Complications, Miss Evalyn Ervin; The Golden Turtle, Miss Rose Mouch; Conferring of Diplomas, Dr. W. D. Hamilton; Conferring of Medals, Dr. C. S. Hamilton; Valedictory, Miss Mary Mulvey; Closing Remarks, Rt. Rev. J. J. Hartley; Te Deum, the Nurses. Class motto—Semper Fidelis.



Florida

There is much rejoicing among the members of the State Nurses' Association over the passage of the bill for the State registration of nurses. The legislative committee is receiving congratulations on the excellency of the work done.



Mississippi

The Commencement Exercises of the Training School for Nurses connected with the Hattiesburg Hospital, occurred on Tuesday evening, May 20, at the Forest Club, Hattiesburg, Miss., when three young women received their diplomas. The graduates were Miss Bessie Peeler, Miss Ella M. Parker and Miss Irma L. Omara.

Hon. J. R. Tally gave the opening address which he prefaced with the following lines:

"They talk about a woman's sphere
As though it had a limit.
There is not a place in earth or heaven,
There is not a task to mankind given.
There is not a blessing or a woe,
There is not a whispered 'Yes' or 'No,'
There's not a life, there's not a birth
That has a feather's weight of worth
Without a woman in it."

Dr. Mae F. Jones and Rev. G. H. Galloway addressed the graduating class. Before administering the Nightingale Pledge, the superintendent, Miss Jennie M. Quinn, gave a brief, though impressive address, in which she urged her pupils to live up to the precepts of the pledge.

Dr. T. E. Ross, president of board of directors, in a few well chosen words, presented the diplomas and class pins.

The music was in charge of Miss Stephens, of the Woman's College.

An informal reception was tendered the graduates at the close of the exercises.

This event was of especial interest, it being the first nurses' commencement exercises to be held in South Mississippi.

Miss Quinn, the superintendent, is a well-known and popular trained nurse of Scranton, Pa., in which city she practised her profession several years before locating in the South, taking charge of the Hospital at Hattiesburg. She is also president of the Mississippi State Association of Graduate Nurses.



Michigan

The eighth graduating class of the Nichols Memorial Hospital Training School, Battle Creek, Mich., held graduating exercises Tuesday evening, June 3, 1913, at the Conservatory of Music, when the following young women received diplomas. The Misses Gertrude Morris, Anna Knowles, Lena Nelson, Hannah Barnes, Amber Meech, Myrtle Perrigo and Mrs. Nellie Webster. A number of social functions were given by the alumni association and other friends of the training school.

The new annex to the hospital is nearing completion, which will increase the membership of the training school class.

The Training School for Nurses of the Hurley Hospital, Flint, held Commencement Exercises on the evening of June 4, at the Court Street M. E. Church. Mr. E. D. Black, president of the board of hospital managers, presiding. The program opened with an organ voluntary by Mr. J. Warren Gregory, followed by the invoca-

tion by Rev. A. R. Johns, D.D., Dr. H. E. Randall, made the address to the Graduating Class, Mr. E. D. Black presented the diplomas and Dr. M. S. Knapp the school pins, to Agnes Tait, Minnie A. Lester, Anna Mitchell Leslie, Marie Elizabeth Smith. The graduates took the Florence Nightingale Pledge. On the evening of June 5, a reception was held at the Nurses' Home, from eight to ten.



Montana

A BILL FOR AN ACT ENTITLED: "AN ACT TO ESTABLISH A BOARD OF EXAMINERS FOR NURSES; PROVIDING THAT THE GOVERNOR MAY ISSUE A LICENSE OR CERTIFICATE OF REGISTRATION TO PERSONS ENGAGED IN THE PROFESSION OF NURSING THE SICK, AND FIXING PENALTIES FOR ANY VIOLATION OF THIS ACT."

Be It Enacted by the Legislative Assembly of the State of Montana:

SECTION 1. The Governor of the State of Montana shall have the power, and it shall be his duty to issue a license, or certificate for registration to any person practising the profession of nursing the sick, upon the recommendation of the board of examiners of nursing, said board to be appointed as hereinafter provided for.

SECTION 2. The Governor of the State of Montana shall, within ninety days after the passage and approval of this Act, designate and appoint five persons who shall constitute the board of examination for nurses. Said board shall consist of five members, and shall be appointed by the Governor from the membership of the Montana State Association of Graduated Nurses, the first board shall hold office during the following terms:

One member for the period of one year,

Two members for the period of two years,

Two members for the period of three years, and the members and the terms thereof to be designated by the Governor.

SECTION 3. Subsequent to the organization of State Board of Examination of Nurses, the Governor of the State of Montana shall fill all vacancies and shall perpetuate said board by the appointment of members thereof, which members for appointment shall be selected from persons who are registered nurses under the provisions of this Act, and who shall be actual residents of the state of Montana for a period of at least one year immediately preceding the date of appointment, and who have actively engaged in the profession of nursing for five years prior to such appointment, and there shall be at all times at least two members of said board who shall have had at least two years' experience in educational work among nurses, or who have had two or more years' experience in the instruction of nurses in training schools.

The terms for which said members shall be appointed shall be for three years, except those first appointed and those to fill unexpired terms.

SECTION 4. The members of the board shall, immediately after their appointment, meet at

Best Begin

with



BENGER'S FOOD

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the city of Helena for the purpose of organizing said board, and shall elect one of their number president, and shall also elect one of their number secretary, who shall also act as treasurer of the board. The board shall adopt a seal which shall remain in the custody of the secretary; the secretary shall keep the records and minutes of all meetings of the board, and shall record in a suitable book the names of all nurses and training schools registered under this Act. The president and secretary of said board shall hold office for the period of one year, and until their successors are appointed and qualified. The salary of the secretary shall be settled and fixed by the board. The other members of the board shall receive ten (\$10.00) dollars per day while actually engaged in attendance upon meetings of said board. This shall be in full for their expenses, same to be paid from the funds in the hands of the treasurer of the board, no charge or expense of any kind shall ever become a charge against the state treasury.

The president shall act as inspector of training schools for nurses.

SECTION 5. Said board shall provide a schedule of the subjects upon which applicants shall be examined to qualify for registration under this Act, which subjects shall include elementary anatomy, physiology, medicine, obstetrics, gynecology, surgery, dietetics, home sanitation and nursing.

SECTION 6. The president acting as inspector of training schools shall inspect all training schools for nurses in the state of Montana, and shall report to the board and the Governor such training schools as shall provide courses of instruction in the subjects required by the board. The secretary shall enter in the registrar kept for this purpose the names of all nurses which are entitled to registration under the provisions of this Act. The schools so registered shall be required to pay to the secretary of the board a fee of twenty-five (\$25.00) dollars upon registration.

SECTION 7. The board shall adopt rules which may be changed from time to time for the examination of applicants for registration under this Act, and the board shall meet not less than once each year for the purpose of conducting examinations for applicants for registration. The time and place of meeting of said board shall be advertised in the public press, and notice shall be sent to each training school registered under this Act, to each regularly organized association of nurses within the state, to at least one journal of nursing, and notice shall be mailed to each person who has made application for examination under the provisions of this Act, at least thirty days prior to said meeting; at such meeting it shall be the duty of the board to examine all persons who are applicants for registration under this Act, and to recommend to the Governor each duly qualified applicant who shall have successfully passed said examination.

SECTION 8. Every person to whom a certificate of registration shall have been issued shall, within thirty days thereafter, cause the same to be recorded in the office of the county clerk of the county in which such person resides, and all such persons shall, when changing the county

of their residence within the state, cause said certificate to be recorded in the office of the county clerk, within thirty days after acquiring residence in said new county, and it is further provided that no county clerk of this state shall demand or receive any fee or compensation for filing, recording, making certified copy of nurse's certificate or affixing seal to certificate.

SECTION 9. All applicants for registration under the provisions of this Act shall furnish satisfactory evidence that he, or she, is at least twenty-two years of age, of good moral character, and has been graduated from the training school of nurses connected with a general hospital approved by the board, where a systematic course of at least two year's instruction is given, except in the cases hereinafter provided for; and all persons registered under the provisions of this Act, shall pay to the secretary of said board, a registration fee of ten (\$10.00) dollars.

SECTION 10. Any person of the required age who has pursued as a business the vocation of nursing for a period of not less than five years prior to the passage of this Act, and who presents to the board a certificate that he, or she, is a competent person to give efficient care to the sick, said certificate being signed by one licensed physician in the active practice of the profession of medicine, and two registered nurses provided for by this Act, may register after taking and passing an examination given by said board at any time within two years following the passage of this Act.

Any person who shall have graduated prior to July 1, 1917, and after January 1, 1890, from a reputable training school for nurses connected with a general hospital which now gives a course of at least two years' training, and who shall graduate therefrom, shall be entitled to registration under the provisions of this Act upon payment of the fee therefor, without examination. And any person who shall have graduated from a training school approved by the board, connected with a special hospital requiring a systematic course of at least two years' training, and who at the time of application shall have obtained in a reputable general hospital one year's additional training in subjects not adequately taught in the training school from which they were graduated, and who shall pass an examination by the board in these additional subjects not adequately taught in the training school from which they were graduated, shall be entitled to registration on the payment of the regular fee, without examination.

The Governor may issue a certificate to any person registered under the law of any state having the requirements equivalent to those of Montana, the board and the Governor to be the sole judges thereof.

SECTION 11. Any person who makes application to the board for examination for registration, having the required qualifications as herein-after provided for, and who shall not pass said examination, or any person registered in any other state who shall be refused registration by the board without examination as provided for in this Act, may appeal to the Montana State Association of Graduated Nurses, at the first annual meeting thereafter, and shall abide by

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the majority vote of said association after a full hearing thereon.

SECTION 12. On and after July 1, 1917, all applicants for certificates of registration under the provision of this Act shall pass the examination required by the board before receiving a certificate of registration.

SECTION 13. It shall be unlawful hereafter for any person to practise nursing as a trained, graduated, or registered nurse without a certificate as herein provided for.

Any person who shall assume a title indicating that said person is a registered nurse, or who shall hold himself or herself out to be a registered nurse, and who shall not be registered in accordance with the provisions of this Act, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for the first offense not less than ten (\$10.00) dollars, nor more than one hundred (\$100.00) dollars, and for each subsequent offense not less than two hundred (\$200.00) dollars nor more than five hundred (\$500.00) dollars.

SECTION 14. This Act shall not be construed as conferring any authority to practise medicine, or undertake the treatment of disease, in violation of the Medical Practice Act of the State of Montana, or to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume or pretend to have special training in the profession of nursing, and who also does not pretend to be a registered nurse.

SECTION 15. The Governor may, upon recommendation by the board, revoke any certificate previously issued to the holder thereof, after a hearing by the full board on charges made by any licensed physician in the active practice of his profession, or upon charges made by a registered nurse charging dishonesty, gross incompetence, a habit rendering a nurse unsafe or unfit to care for the sick, or conduct or act derogatory to the morals or standing of the profession of nursing, or any wilful fraud or misrepresentation practised in securing such certificate.

The person so charged under this Section shall be given at least thirty days' notice in writing of the specific charge against him, or her, and of the time and place of hearing said charge by the board, at which time and place such person shall be entitled to appear and to be represented by counsel. Upon the revocation of any certificate heretofore issued, the same shall be null and void, and the secretary shall take the name of the holder thereof from the roll of the registered nurses, and shall give notice to each county clerk within the state where said certificate may have been registered, of the revocation thereof, and it shall be the duty of such county clerk to note upon such record the fact that such certificate has been revoked and the date of revocation.

SECTION 16. This Act shall be in full force and effect from and after its passage and approval.

SECTION 17. All Acts and parts of Acts in conflict herewith are hereby repealed.

The Lewis and Clark County Association of Graduate Nurses of Helena, held its last meeting of the season in the parlor of the Nurses' Home, at St. Peter's Hospital, June 4, at 8 P.M. The routine business was transacted and two nurses appointed (Misses McCraner and Norumburg) to prepare papers on any subject pertaining to nursing to be read before the State Association of Graduate Nurses, meeting at Butte, Mont., July 22, 1913.

The State Board of Examiners will meet at Butte, July 21, to examine credentials, application papers and diplomas presented for registration.

Miss Edith Daniels, graduate of Dalles, Oregon, who has been doing private nursing until recently at Weiser, Idaho, has located in Helena, Mont., where she will do private nursing for the present.

The Misses Deegan, Harvey, McCraner and Norumburg, all private nurses in Helena, left June 5, for a trip to the Rose Carnival which will be held at Portland, Oregon, June 10. They will visit Seattle, Spokane and other places before returning.

Miss Estelle Lockey left Saturday, June 7, for a three months' visit with relatives and friends in California.

Miss Kohler, an Indiana graduate, located at Lewistown for the past year, has taken position as night supervisor at St. Peter's Hospital, Helena.



Wisconsin

Plans to establish a fund for the benefit of sick or disabled nurses were made by the nurses Alumnae of St. Joseph's Hospital Training School, at its last quarterly meeting.

Various means were discussed and a dancing party was decided upon. This was held at Colonial Hall, Tuesday evening, May 27.

It proved a success both socially and financially and was largely attended by the medical profession and friends of the association.



Oklahoma

STATE BOARD EXAMINATION, HYGIENE

1. What is hygiene? 2. Tell how you would care for yourself and the room of a spinal meningitis case. 3. (a) In going to a case of typhoid what are your first observations? (b) If well water is used how would you procure an analysis? 4. (a) What are boards of health? (b) Give some of their duties and powers. 5. What are the more prevalent diseases communicable from the public drinking cup? 6. (a) What are food



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of exceptional value in the treatment of all functional diseases of women. Relieves uterine spasm, regulates the utero-ovarian circulation, stimulates physiologic processes and restores the general health. ✱ Remarkably effective in amenorrhea, dysmenorrhea, sub-involution and kindred affections. Absolutely free from all opiates or narcotic drugs.

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preservatives? (b) Name three. 7. What would you teach a mother about the care of milk given to children? 8. Has a nurse any duties in a home other than the care of the patient? 9. What care would you give sputum, excreta, bedding, etc., of a tubercular patient? 10. (a) What personal hygiene would you teach a tubercular patient? (b) Why?

SURGICAL NURSING

1. What unfavorable symptoms would you watch for following an operation? 2. (a) In the case of a severe burn, what precaution would you use in removing the clothing? (b) What would you do for the patient's comfort until the surgeon arrived? 3. Why should a dressing be reinforced as soon as discharge comes through? 4. What would you do for a patient suffering from extreme shock following operation? 5. How are wounds infected? 6. (a) Give your method of dressing emergency wounds. (b) What antiseptic would you use? 7. In case of uterine hemorrhage from cancer case what would you do while waiting for the surgeon? 8. What preparation is necessary for gynecological examinations? 9. (a) What is hypodermatoclysis? (b) How would you arrange where no regular apparatus was to be had? (c) How would you keep the solution warm? 10. Give four points to be remembered when placing patient on operating table.

DIETETICS

1. Give definition of food. 2. Why is a mixed diet necessary as an ideal diet? 3. Describe the gradual effect of heat on the white of an egg (albumen). 4. How should an egg be boiled and served to an invalid? 5. How would you make and serve toast to increase its digestibility? 6. What do you consider an ideal typhoid diet? 7. Why is cow's milk more likely to disagree with an infant during summer than in cold weather? 8. What is important in the cooking of starchy foods? 9. Give diet for obstetrical patient during first week. 10. Give one good nutritive enema.

GYNECOLOGY

1. What is a douche? 2. What do you understand by gynecology? 3. Define menstruation, puberty and menopause. 4. Define menorrhagia, amenorrhea and dysmenorrhea. 5. Name the usual methods of examination used in gynecology. 6. Name the pelvic organs. 7. What precautions should be taken when giving a douche to a patient suffering from venereal or specific disease? 8. Give nursing care following perineorrhaphy. 9. Name two serious complications that may follow hysterectomy. 10. What instruments are likely to be used in an operation for lacerated cervix and perineum?

MATERIA MEDICA

1. Define (a) anodyne; (b) hypnotic; (c) physiological action. 2. (a) Which is the stronger—a tincture or a fluid extract? (b) What is a saturated solution? 3. (a) How many grains of salt will be required to make one quart of normal salt solution? (b) What strength solution would 7.3-10 grs. bichlorid tablet make in three quarts of water? 4. (a) Name and give the usual dose of one narcotic; (b) hypnotic; (c) heart stimu-

lant. 5. (a) Name a drug that causes dilatation of the pupils; (b) one that causes contraction of the pupils. 6. How would you designate (a) minims; (b) drops; (c) drachms; (d) ounces; (e) grains? 7. (a) Name dose of strychnine sulphate (b) hyoscine; (c) digitalis; (d) laudanum. 8. Why is it necessary for a nurse to know the physiological action of a drug? 9. What is an antidote? 10. By what method would you get the quickest action of a drug?

PHYSIOLOGY

1. Define (a) physiology; (b) function; (c) dyspnoea. 2. Name the divisions of the alimentary canal. 3. Give the average normal temperature, rate of pulse, and respiration in the adult. 4. Name the four principal excretory organs. 5. What is the chief muscle of respiration? 6. Mention the chief waste products of the lungs, skin, kidneys. 7. Name the organs contained in the thoracic cavity. 8. (a) Name three of the secretions of the body; (b) name the organs secreting them. 9. Through what classes of blood vessels and in what order does the blood pass in its journey from the heart and back again? 10. (a) Name two kinds of muscles; (b) give example of each.

CHILDREN'S DISEASES

1. What are some of the causes of diarrhoea in children? 2. What care should be given diapers and utensils in case of diarrhoea? 3. What symptoms in a child 10 months old would indicate errors in diet? 4. Name three contagious diseases most common among children. 5. What is artificial feeding? 6. State in detail how you would give an enema to a baby. 7. What would you do for a child in convulsions, before the arrival of a doctor? 8. What is the normal temperature of an infant? 9. Give symptoms that may indicate teething. 10. What are the symptoms of broncho-pneumonia in children?

ETHICS

1. If you were nursing a child who was very unruly and the mother objected to necessary discipline, what would you do? 2. If a patient took a dislike to you for an unknown cause, would you think it well to remain on the case? 3. If called on a case by a doctor whom you knew had performed an abortion on the patient, would you take the case? 4. If you felt a doctor was not treating the patient by the best methods, would you ask to leave the case or persuade the patient to change doctors? 5. Should a nurse take a case after the dismissal of another nurse until she finds out the cause of dismissal?

OBSTETRICS

1. What advice about hygienic lines would you give a pregnant woman? 2. (a) What is the usual method of predicting date of labor? (b) Give symptoms of pregnancy. 3. Name stages of labor. 4. Name four complications to be watched for during the puerperal period. 5. What is the difference between the terms abortion and premature labor? 6. How would you deal with a case of postpartum hemorrhage until the doctor arrives? 7. How would you prepare the patient and room for delivery? 8. (a) What is the usual treatment for the baby's eyes upon delivery? (b) How would you dress the umbilical

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In addition to medicinal and other therapeutic measures.

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cord? 9. Define colostrum, meconium and ectopic gestation. 10. Under what conditions may a nurse justly refuse to attend to an obstetrical case?

ANATOMY

1. Define terms (a) anatomy; (b) alimentary tract; (c) what is a gland? 2. (a) How are bones classified according to their shape? (b) Give example of each. 3. Give a brief description of tendons and state their use. 4. (a) Where is connective tissue found? (b) state some of its uses. 5. (a) What is the name of the serous membrane lining the abdomen and covering its contents? (b) of that lining the chest and surrounding the lungs? 6. Name the different parts of the respiratory tract. 7. (a) What artery carries venous blood? (b) What vein arterial blood? 8. Name the vessels which contain the blood. 9. Give brief description of the (a) brain; (b) heart; (c) liver. 10. Name the excretory organs and state functions of each.



California

The following appeal speaks for itself:

To His Excellency Hon. Hiram Johnson, Governor of California:

We, the undersigned, interested in various ways in hospitals in southern California, hereby petition you not to sign Senate Bill No. 466. The intention of this Bill is to limit pupil nurses to forty-eight hours per week. The training schools for nurses offer the only opportunity for a young woman to gain an honorable and dignified profession without the expenditure of a dollar. She can enter a training school for nurses after having had but one year in high school, and many intelligent young women with high ideals in life are obliged to stop high school at that time. She then has three years in the training school, during which time she receives her board, her room and an allowance of from \$8 to \$15 per month to pay her sundry expenses. In the case of illness she is cared for as carefully as a man would care for his own daughter, without any expense. She has her vacation in the summer; her hours off through the day and when she graduates she has no difficulty in getting \$100 per month and her board.

The young woman who desires to be a teacher must spend four years in a high school and then two or three years in a normal school; during this time having to provide for herself in every way. After she has graduated from the normal school she receives an average of not over \$65 per month, and, of course, boards herself.

The training schools for nurses are doing this work without expense to the State and are proving a boon to the people and to young womanhood. The enactment of the law limiting the pupil nurse's time on duty to forty-eight hours per week, will greatly interfere with the educational opportunities of our hospitals by taking a pupil nurse away from a patient by the clock instead of by the condition or demands due to the seriousness or suffering of the case. Instead of a pupil nurse being filled with enthusiasm for her work and permitted to watch

her case step by step, she will, under the enforcement of this proposed law realize that she is working by the clock. Under present conditions, after a young woman has been in the training school for say eighteen months she is put in charge of a major case, as for instance that of Laparotomy. The time this occurs is a proud day for her. She watches the case from the beginning in all its developments—sees the result of her work. The case is hers. She follows it up with professional enthusiasm as a lawyer would a case of great importance.

She is not overworked but relieved from time to time, but is responsible for this case until it no longer requires close, special attention. Under the working of this proposed law there will have to be three shifts of nurses on this case, which is against the interest of the patient and against the interest of the pupil nurse.

Further, by using a pupil nurse the patient can have a special nurse for \$20 per week. Under the action of this proposed law the expense would be increased to at least \$35 per week if an outside graduate nurse is employed, thus making it almost prohibitory to the man on a moderate salary.

This proposed bill makes no provision for emergency or cases of accident where outside nurses cannot be procured on the instant. The sick or injured would suffer for proper care if the hospital force could not be called upon after having served the legal number of hours. It does away with all training in executive work because a nurse limited by the clock cannot take any responsibility which demands her attention after the legal hour.

This bill if it becomes a law will encourage careless work, reducing the science of nursing to the level of putting in time.

As to the health of pupil nurses under present conditions, they will compare most favorably with the same number of pupils in any boarding school, normal school or woman's college.

We who are connected with the training school for nurses realize that we have a great responsibility. We are deeply interested in the welfare of these young women who have chosen this worthy profession for a life work, and we earnestly ask you not to sign this Bill, which will, if it becomes a law, seriously interfere with the efficiency of the training schools for nurses.

Los Angeles Infirmary or Sisters' Hospital: Sister Mary Ann, President; Sister N. Fidelis, Supt. of Nurses; Sister Mary, Asst. Supt.; S. G. Parish, Supt. Training School for Nurses Co. Hospital; Abigail H. Hinkley, Asst. Supt.; Lilian E. Jackson, Asst. Supt.; R. M. McDonald, R. N., Supt. Nurses, E. and G. Hospital; Marie C. Hodgson, Supt. of Nurses, Clara Barton Hospital; R. A. Walker, Supt. Nurses, Hospital of the Good Samaritan; P. A. Havens, Asst. Supt., Hospital of the Good Samaritan; Annie Shaw, Supt. of Nurses, Westlake Hospital; Aurilla J. Perry, Supt. of Training School for Nurses, Pacific Hospital; Gertrude Ward, Supt. Pacific Hospital; Harriet W. Pahl, Supt. Training School, Angelus Hospital; Florence A. Ritchie, Instructor of Nurses, Angelus Hospital; Ella M. Bailey, Asst. Supt., Angelus Hospital; Anne A. Williamson, Supt., Training School for Nurses,

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After LA GRIPPE, TYPHOID, Etc.

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Children in proportion.

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A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

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California Hospital; Fanny E. Goodin, Asst. Supt., California Hospital.



Personal

Mrs. Pearl Guynes (formerly of Memphis, Tenn.) has resigned her position at the Chicago Refuge for Girls and has accepted a position with Cook County Detention Home.

The Johns Hopkins Hospital, Baltimore, Md., has engaged Miss Julia Dahlquist of Minneapolis, and Mr. Franz W. Ruthenberg of Buffalo, N. Y., both graduates from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, to give the mechanical treatments in the newly opened Phipps psychiatric clinic, and to instruct the nurses in training in the branches mentioned.

Miss Kathleen McGarry, graduate of the Reynolds Memorial Hospital, Glendale, W. Va., Dr. Venning's Sanitarium, Charleston, W. Va., and of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the mechanical department of the Fairbury Hospital, Fairbury, Ill.

Mr. Edward W. Marion, Jr., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged for the mechanical department of the General Hospital of Lancaster, Pa.

Miss Evclyn B. Tannenholz, a graduate of Grace Hospital, Detroit, Mich., has charge of the surgical department at the Victoria Hospital, Los Angeles, Cal.



Marriages

On April 17, at Pernambuco, Brazil, Mary A. Dirreen, Class 1906, Troy Hospital, to Charles J. Seibert, of Brooklyn. The civil ceremony took place at the American Consulate, Judge Santo Morriera performing the ceremony. The religious ceremony took place at the chapel in the palace of the Archbishop of Pernambuco, Rev. Sylvia Ferreira being the officiating clergyman. Mr. Seibert is a graduate of the Rensselaer Polytechnic Institute.

On April 22, 1913, at Emanuel Episcopal Church, Fleischmanns, N. Y., Miss Florence H. Lasher became the bride of Clarence W. Wannop, of Haverford, Pa. The ceremony was performed by the bride's uncle, the Rev. James L. Lasher, of Brewster, N. Y.

The church was decorated with ground pine, smilax and white sweet peas. The bride wore white charmeuse satin, draped with lace, and a tulle veil caught up with orange blossoms. She carried bride's roses and lilies of the valley.

A reception at the house for the immediate families and friends was served by the Kenny Sisters, of Kingston. The bride is a graduate of the City of Kingston Hospital Training School for Nurses, Class of 1906.

On June 4, 1913, at Middleton, Conn., Mary E. Duane, class of 1912, St. Francis Hospital Training School for Nurses, Hartford, Conn., to Claude V. Flaherty, M.D. Dr. and Mrs. Flaherty will reside in Hartford.

On May 26, 1913 at Rockford, Illinois, Josephine L. Cobert, class of 1912, State Hospital Training School for Nurses, St. Peter, Minnesota, to John R. Peterson. Mr. and Mrs. Peterson will reside at Rockford, Ill.

On May 12, 1913, Matilda O'Brien, formerly of Helena, Montana, to Charles Edwards of Lewistown, Montana. Mr. and Mrs. Edwards will make their home on their ranch near Lewistown.

On May 7, 1913, at Caribou, Maine, Pearl Ashby, graduate of the Maine General Hospital, Training School, Portland, and one of Maine's most well-known and successful nurses, to Dr. Raymond R. Tibbetts, of Bethel, Maine.



Deaths

At Newark, N. J., May 10, 1913, Miss Elizabeth H. Downie. Miss Downie was a graduate of the Essex County Training School, Newark, N. J., 1888 (the first class) and for several years did private work in Newark, where she was well known for her excellent service, good judgment and conscientiousness. Four years ago her health failed, she was operated on, but all that medical skill, and good nursing could do, failed to bring back her health. She bore her disappointment and suffering patiently and cheerfully, which was characteristic of her noble life. "Good night dear friend and classmate, thy work is finished." H. F.



"Who Wants to Cook in Hot Weather, Anyway?"

"There, there's something you can make for Rob and the children, even if you can't cook. Who wants to cook in hot weather, anyway? Jell-O doesn't have to be cooked. Isn't it lovely?"

JELL-O

desserts are not only easy to make and "lovely," but they are the finest of summer dishes.

In hot weather you find your appetite craves something *different*—something pleasantly tangy or tart—something that will taste good and "hit the spot."

Fruit itself does not satisfy that peculiar craving as cool, sparkling, delicious, fruity Jell-O does.

Seven flavors of Jell-O: Strawberry, Raspberry, Lemon, Orange, Cherry, Peach, Chocolate.

Each in a separate package, 10 cents, at any grocer's.

The famous "Six Cooks" Recipe Book will be sent free to all who write and ask us for it.

THE GENESEE PURE FOOD CO.

Le Roy, N. Y., and Bridgeburg, Can.

The name JELL-O is on every package in big red letters. If it isn't there, it isn't JELL-O



When you write Advertisers, please mention THE TRAINED NURSE

New Remedies and Appliances

Satisfaction Without Extravagance

Do nurses fully realize the value of choosing uniforms, aprons and necessary materials from such vast stocks, replete with every variety, as are to be found at James A. Hearn & Son, West 14th Street, New York City?

This eighty-six-year-old store always has stood the most exacting tests. It has never been found wanting in stocks and varieties. As to value, it occupies an absolutely unique position.

In the great white goods department, hangs a sign bearing these words: "A small saving on one yard means substantial gain on many." This is an excellent motto for all nurses to keep in mind, for economy is one of the surest and safest highways to a comfortable old age assured by a substantial bank account.

In ready-to-wear uniforms, aprons, uniform chambrays, gingham, seersuckers and all kinds of white goods used by Nurses and Supervisors, this store is certain to render a satisfaction that is of an all round and lasting kind—in short, as they announce, "Satisfaction without extravagance."



"Hughes' Ideal" Hair Brush

How many nurses know only too well the trying times for both nurse and patient when a badly matted head of hair must be combed; and how many nurses are there who have procured for their patients a "Hughes' Ideal" hair brush before undertaking this task?

Those who are acquainted with the "Ideal" Brush will endorse it in the highest terms. The user of an "Ideal" Brush will never be without it, especially where a woman's hair must be combed while she is lying in bed.

In order to get nurses interested in this useful article, Mr. Hughes is making a special offer which cannot be duplicated anywhere. See the advertisement in this issue and take advantage of this opportunity to secure a brush. You cannot afford to be without one.



Elixir Lactopeptine

For over a quarter of a century physicians have been prescribing Lactopeptine for the relief

of digestive failure, disorder or impairment, because its peculiar combination of digestive, stimulating, activating and enzymogenic properties assures results not obtainable from the use of ordinary mixtures.

The time saving, labor sparing, pleasant action of the Elixir Lactopeptine as a milk peptonizing agent should commend it especially to the busy nurse. All that is necessary is to add a small quantity, from 20 to 30 drops of the Elixir Lactopeptine, to each feeding of milk, as the latter is put into the nursing bottle. The natural heat of the stomach starts the peptonizing process, the bitter taste so often obtained as a result of ordinary peptonizing processes is avoided, and results are entirely satisfactory.

Furthermore, Elixir Lactopeptine is an exceedingly pleasant vehicle for drugs like iodids, bromids, salicylates, etc., which are of disagreeable taste and irritant action, so that the patient's comfort and well being is promoted by giving such agents in Elixir Lactopeptine, which also exercises a peculiarly effective protective action upon the mucous membrane of the stomach. Digestive disorder or discomfort caused by irregular eating or resulting from diminished digestive power, induced by over fatigue, loss of sleep, nervous strain or irregular hours for eating is quickly and pleasantly relieved by Lactopeptine Tablets (dose 4 to 6 at or after eating), or Lactopeptine Powder (dose gr. 20 to 40).



Robinson's Barley

Now is the time when intestinal diseases are more prevalent than in the cold weather. There can be nothing better for either infant or adult, suffering from this trouble, than barley water and barley gruel. No preparation upon the market is more satisfactory and reliable than Robinson's Barley. Send postcard to J. P. Smith Company, 90 Hudson Street, New York City, for booklet giving full directions how to use Robinson's Barley in a number of palatable dishes.



A Boon to Nurses

More and more nurses are learning of the advisability and economy of buying "Dix-

In the Maternity Ward

or in the home there is none "just as good" as

Mennen's Borated Talcum TOILET POWDER

None as pure and safe for "Mother's Baby" or "Baby's Mother."

Physician's and trained nurses, and thoughtful mothers everywhere give the preference to Mennen's above all others.

They know from their experience what is best, and why absolute purity is absolutely imperative. Mennen's not only smooths, but soothes the skin; not only hides, but heals the raw, or roughened surfaces.

Mennen's Borated Talcum Toilet Powder is as perfect as experience and science can make it.

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's.
Sample Box for 4c. Stamp



The Gerhard Mennen Company, Newark, N. J.

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Skin Afflictions

—sunburn, chafing, prickly heat and the like—are often more satisfactorily relieved by

K-Y Lubricating Jelly

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Colorless, non-greasy, water-soluble, absolutely non-staining to skin or clothing, and by all means the most cleanly and agreeable of all local applications, "K-Y" is unequalled as a means of controlling itching, allaying irritation and relieving capillary congestion.

As its soothing properties become known, "K-Y" promptly supersedes all other emollients.

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FOR INVALIDS and those recovering from influenza, typhoid fever and other illness. Made into gruel or barley water is a food constantly recommended by Physicians.

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Thousands of nurses now wear and recommend "Dix-Make" uniforms, which are sold at one or more stores in nearly every city throughout the country.

The famous white uniform 666 costs \$3; same model in white poplin (667), \$4; they are among the best known and most popular uniforms made. Avoid unworthy poorly made imitations; the genuine bear "Dix-Make" label, which is your guarantee of satisfaction.



Horlick's Lunch Tablets

I recommend the use of the "Lunch Tablets," manufactured by the Horlick's Malted Milk Company, at Racine, Wis., to all nurses doing night work. I have used these tablets, with or without chocolate flavor, for a long time doing night duty as private nurse and found them of delicious taste and very nourishing. I remember many nights in which I took nothing but ten or fifteen of these tablets and felt the next morning as well as if I had had a very substantial lunch during the night. A small box filled with Horlick's Malted Milk Lunch Tablets, is now always in my suitcase when I go on a case.

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Oxynoleum Leaves a Smooth Skin in Healing

Its efficiency is a sufficiency.

Oxynoleum prevents infection of wounds, stops inflammation and gathering of pus, thus preventing that most dreaded and fatal condition—*blood poisoning*—often brought about by a slight scratch. It relieves the mind of anxiety—and the body of pain.

As an antiseptic it is a specific. It does not stop up the pores of a wound—it allows it to *breathe*—but it *does* stop pain. It acts as a disinfectant, by destroying the bacteria, and the new growth of skin is free from blemish, where it is at all possible to secure such a result.

What you need when on your vacation!

If you have not used it, ask the Bioplasm Mfg. Co., 91 John Street, for liberal sample.



Mixed Bromides Desirable

The reliability, as a sedative, of Peacock's Bromides, is based upon the fact that only pure salts are employed in this compound, and each of its five bromides enhances the action of the others. The most frequently used bromide has long been the potassium salt; although it is well known to be somewhat depressing to the heart and injurious to the stomach in cases where its use is deemed necessary for a considerable length of time. This may be almost entirely avoided by administering it as combined in Peacock's Bromides, a preparation which assures the highest possible degree of therapeutic action with the least possible tendency toward "bromism," hence the doctor may feel confident in prescribing Peacock's Bromides that he is ordering only the purest salts and getting 15 grains to the dram, of the desirable combination of Ammonium, Calcium, Lithium, Potassium and Sodium Bromides—in a most delightful elixir. This vehicle effectively covers the natural acridness of the bromides and proves highly satisfactory to the patient. By ordering the original, eight-ounce bottle from his druggist, the careful physician will ensure his patient getting the five salts in purest, pleasantest form.



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In the absence of Dr. Gudrun Holm, the summer course is conducted by her associate, Dr. Frech, assisted by Miss Thora Jensen and Mrs. Ebba Andersen. The summer students are accommodated at the school. On account of the demands of the school, a post graduate course will be opened in the fall. For further information apply to registrar's office, 61 East 86th Street, New York City.



Long Confinement

Have you ever sat a long time without becoming restless and fidgety? Then picture the feeling of the patient of long confinement. Some nurses have found that a gentle massage with Daggett & Ramsdell's Perfect Cold Cream gives the patient a feeling of rest and comfort. This toilet emollient is also recommended for soothing chafed, abraded skin. Daggett & Ramsdell, 314 West 14th Street will gladly send you a sample tube. See advertisement in this issue.

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, has extended and enlarged the scope of this teaching and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course average over ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

Instruction both theoretical and practical is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately. Lectures by Dr. H. P. Boyer.

This course lasts four months, and the fee is \$25.

Examinations both practical and theoretical are required at the end of both courses.

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One of above special bottles of
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We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this magazine
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Charming Uniform Designers

The uniforms sold from Aznoe's establishment are pre-shrunk and made to order by well paid tailors who have pride in their work—they hold their shape and wear as you have a right to expect a first-class uniform to wear. We have a clientele that appreciate our type of uniforms, and who are regular patrons from season to season. You will appreciate them, too, if you once get acquainted with them. Our prices are not excessive—we believe you can purchase a better uniform from Aznoe's than you would find elsewhere at anywhere near our prices. Let us present you with your free samples and measurement blanks today.



Eskay's Food

Following is the results of an interesting case treated with Eskay's Food.

April 13, 1913, I was called in consultation to Sulpher, Oklahoma a distance of ninety miles from this city.

Little Pearl Wheeler had been sick with typhoid fever and whooping cough for fifty days, I found her with distended abdomen, temperature 101-3, respiration 30 to 40, unable to take any food, very feeble, greatly emaciated, practically starving, little hopes for recovery.

I placed her in the hands of a competent nurse, prescribed some medicine, and put her upon pure cow's milk prepared with Eskay's Food. I returned to the city and continued to prescribe for her over long distance telephone, in three days she was taking freely of the milk without injury and was assimilating all the food she was allowed.

This child is now convalescing rapidly, and is out of danger. This is only one of the many cases that I could report, all treated with the same result.

Yours truly,

Dr. _____.

Oklahoma City, Okla.



Correct Glasses

Are you satisfied with the service and prices of the optician you now patronize? If not, see The Liederbach Company, 343 Third Avenue, New York City. They give you a special discount and absolutely correct glasses. See advertisement in this issue.



Refrigerators and Ice Boxes

The refrigerator may be thoroughly cleaned and sweetened as follows: Dip a dampened

brush into the dry Wyandotte Sanitary Cleaner and Cleanser and apply as a scouring powder to the parts to be cleaned. After cleaning has been completed, sprinkle some of the dry powder on places where accumulations form, and allow it to remain. This will greatly assist in keeping everything sweet and pure.



Uncle Sam Food

Uncle Sam Food is an almost ideal food for invalids. It possesses marked nutritive and corrective properties. Its basic elements of Durum wheat and sound flax are scientific foods of the highest value. Its marked laxative effects is a purely natural result from the oil in the flax, liberated in the digestive tract and producing effective elimination of waste.

See advertisement in this issue.



After Scarlet Fever and Measles

After the acute diseases of childhood there is no remedy that will do more to hasten convalescence than Gray's Glycerine Tonic Comp. Children are particularly responsive to the tonic effects of "Gray's," and it is always gratifying to see the prompt improvement in the appetite, digestion and general nutrition that follows its administration. The palatability and clean bitter taste of "Gray's" make it exceptionally acceptable to children.



Fifth Avenue Directory

Trained nurses of very high grade are supplied to hospitals and other institutions requiring superintendents, head nurses, ward nurses, attendants, etc., by Miss Baylies, of the Fifth Avenue Directory, 8 East 37th Street.

This Registry is endorsed in the highest terms by many of the leading physicians of both New York and other cities. She also has a constant demand for nurses for private cases. If you are not acquainted with this Registry, it is worth your while to get in touch with it at once.



Benger's Food

The following extract from a letter received only a few days ago from a registered nurse in Nebraska, is interesting:

"In my experience, I have found Benger's Food the only food for a new baby getting its start in life—recommended by one of our leading physicians and surgeons in Omaha, and ordered for a baby one day old, found in the slums of

Nemo
TRIPLE-STRIP

Hygienic Corset System

NEMO Corsets produce better *style* effects, with more *comfort*, than any other corsets in existence.

And they have relieved more cases of **ENTEROPTOSIS**, and its resulting ills, than all other corsets and bandages combined.

Not less than 50,000 women are now wearing Nemo Bandlet Corsets upon the recommendation of physicians who have given them practical tests.

Two Models with the famous Nemo semi-elastic Lastikops Bandlet:

No. 522—medium bust } \$5
No. 523—with low bust }

A new Bandlet Corset (No. 751) has longer skirt, a new arrangement of hose supporters, and in addition the wonderful new Nemo "Lasticurve-Back." This model is the last word in scientific visceral support, and insures a degree of hygienic figure-reduction even greater than the \$5.00 Bandlet models:

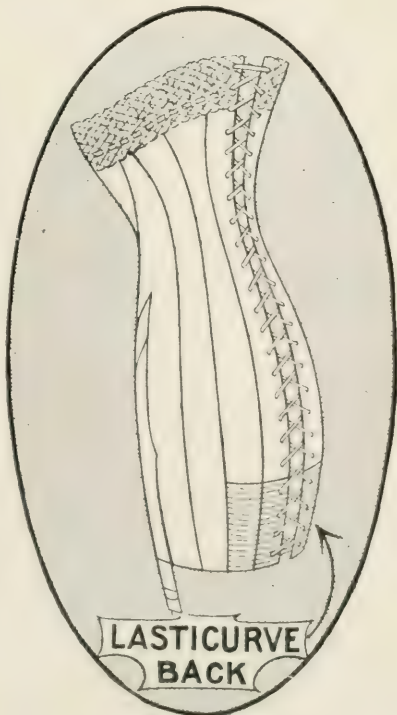
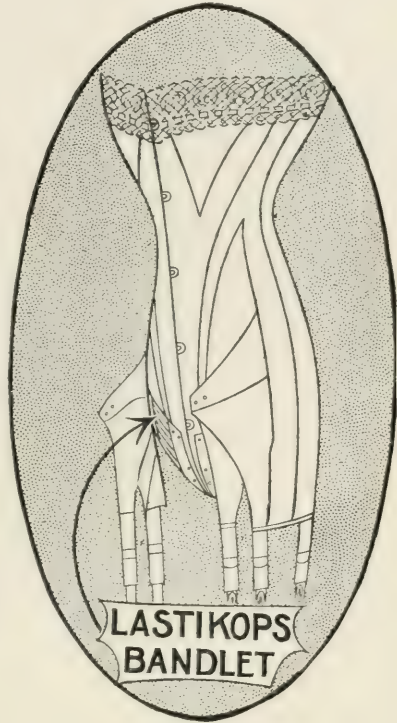
No. 751—medium bust—\$7.50

Other Nemos, all hygienic, stylish and extra-durable, for all figures—\$3.00, \$4.00 and more; sold everywhere.

Patented semi-elastic fabrics make Nemo Corsets the strongest, most flexible, most durable and most economical for nurses' wear.

Literature Sent on Request

KOPS BROS., Manufacturers, New York



Omaha. This baby was a case of Tubercular Meningitis, weighing about four pounds—tiny, skinny, and too weak to live. We had to feed it with a dropper every hour during the day and every three hours at night—unable to take with dropper without holding its nose to make it swallow. This, baby, with Benger's, a little brandy, and Arom. Spts. of Am., improved daily after the third or fourth day, and after three weeks of the best nursing, found it a decidedly different child. For days I remember internes waited for this P.M. case—'An interesting specimen for the lab.,' as they called it. I was relieved by another nurse in three weeks, who told me later, that he, the baby, grew to be a handsome boy, and adopted by fine parents. Thanks to Benger's."



Chinosol

There is no longer a necessity for enduring in the sick room the disagreeable odors of carbolic acid and allied products, for Chinosol is a far more powerful antiseptic and leaves no odor whatever.



Who are Wanted

In fact, we want all who can present a good record. Beginners are always acceptable, by Aznoe's Central Registry for Nurses of Chicago, and it is a pleasure to champion the cause of young nurses of brains and ability who are just entering the institutional field of nursing. Especially do we desire nurses who are holding good positions and have given satisfaction—those who have proved by results that they are prepared for higher work and deserve a larger compensation. There is an unlimited demand for all nurses of energy, ambition, education, and character. Write today for our Manual and Commendations, it is waiting for you. You will receive it post paid by return mail.



Diplomas

Ames & Rollinson, 203 Broadway, New York, will furnish you with any number of diplomas you require. They are now supplying many of the best training schools in the country. Write for samples and prices. They guarantee the finest workmanship at the most reasonable prices.



Graduation Report

Among the students graduated at the end of the Winter and Spring terms, from the Pennsylvania Orthopaedic Institute and School of

Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, in the Swedish System of Massage, Electro- and Hydro-Therapy, were the following nurses:

Mrs. Mable S. Gregson, Santa Rosa, Cal., St. Thomas Hospital, San Francisco, Cal., Redding Hospital, Cal.; Miss Ella M. Bokhof, Freeport, Ill., Globe Hospital, Ill.; Miss Pearl Fish, Cortland, N. Y., Cortland Hospital; Miss Mary H. Hamer, Zanesville, O., Victoria Sanitarium, Colfax, Ia.; Miss Susan J. McNaughton, Rockford, Ill., Rockford Hospital and Training School for Nurses; Mrs. Elizabeth M. Scarborough, Los Angeles, Cal., City and County Hospital, St. Paul, Minn., Free Hospital for Women, Brookline, Mass.; Miss Francis Henrietta Calisch, Richmond, Va., St. Vincent's Hospital, Toledo, O.; Miss Grace Pearl Blake, Beeville, Texas, Hamot Hospital, Erie, Pa.; Mrs. Grace E. Roth, Akron, O., University Hospital, Ann Arbor, Mich.; Miss Anna Lodge Neal, Philadelphia, Pa., Samaritan Hospital, Philadelphia; Miss Lula Fields, Jacksonville, Ill., Passavant Hospital Training School, Jacksonville, Ill.; Miss S. Kathleen McGarry, Shenandoah Junction, W. Va., Dr. Venning's Sanitarium, Charlestown, W. Va., Reynold's Memorial Hospital, Glendale, W. Va.; Miss Alice May Elwell, Dorchester, Mass., Milford Hospital, Milford, Mass., Worcester City, Corey Hill Hospital, Mass., Bellevue Hospital, N. Y. City, Lynn Hospital, Lynn, Mass.; Miss Lillian M. Smith, Sicklerville, N. J., Friends Asylum, Frankford, Philadelphia; Miss Belle R. Longshore, Philadelphia, Presbyterian Hospital, Philadelphia; Mrs. Mary Hearn, Bloomington, Del., Jefferson Hospital, Philadelphia, Pennsylvania Hospital, Philadelphia; Miss Florence Dunnick, Harrisburg, Pa., General Hospital, Harrisburg, Pa.; Miss Katherine McGrath, St. Louis Mulanphy Hospital, St. Louis, Mo.; Mr. John Charles Wilks, Merritt, B. C., Vancouver General Hospital, Vancouver, B. C.; Reuben T. Scott, M.D., Houston, Texas.

Next class opening July 9, is the last prior to extension of course to four months, at increased rate. Prospectus, containing fullest information upon request to Dr. Max J. Walter, superintendent.



BEACHMONT, MASS.

OGDEN & SHIMER.

Dear Sirs: Enclosed find 50 cents for two jars of Mystic Cream. I was very much satisfied with the sample, and will advertise it all I can.

Yours truly,

M. A. HORTON.

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THE NURSE KNOWS

the intimate relation that exists between the condition of the scalp and the health and appearance of the hair. Inquiry will show as a consequence that many nurses make a practice of shampooing regularly with

PACKER'S TAR SOAP

The systematic use of this pure, pine-tar soap not only assures a delightfully refreshing scalp cleanliness, but through the resulting stimulation of the scalp circulation contributes most substantially to the health, vitality and lustre of the hair.

For over forty years **Packer's Tar Soap** has been widely recognized by leading medical men as the standard tar soap.

Our new manual on "The Hair and Scalp—Their Modern Care and Treatment" sent free on request.

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York City

When you write Advertisers, please mention **THE TRAINED NURSE**

The Verdict of Over 2000 Hospitals in the U.S. stands behind the PERFECTION as the Only Successful Effort ever made to Cope with a Vital Nursing Problem

More Discomfort is Caused to Patients by the Use of Old-Fashioned Bed Pans than by Anything Else

STUDY your Patient's Comfort and Your Own Convenience by insisting on the Meinecke "Perfection" Combined Bed and Douche Pan. It is shaped to fit the body, and there is no uncomfortable pressure on the end of the spine. The wide open end makes it easily emptied and cleansed, while its large capacity also enables it to be used as a Douche Pan as well



Patented June 5, 1900 and May 4, 1909

as a Bed Pan. The "Perfection" is the best Bed Pan for General, Maternity, or Contagious Cases.

Nurses can get the "Perfection" from almost any Drug Store, or we will send it Express Prepaid East of the Mississippi and North of Tennessee and North

Carolina at the prices mentioned below. West of the Mississippi, and South of Kentucky and Virginia, add 50 cents to prices of Adult's Size and 25 cents to prices of Small Size, for additional Express charges.

APPROXIMATE RETAIL PRICES EAST OF THE MISSISSIPPI AND NORTH OF TENNESSEE AND NORTH CAROLINA

Standard or Adult's Size		Small or Child's Size	
No. 1—Porcelain.....	Each \$2.50	No. 2—Porcelain.....	Each \$2.25
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No. 4—White ..	4.50	No. 6—White ..	4.00

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MEINECKE & CO., NEW YORK
ADVANCED SPECIALTIES FOR HOSPITAL AND SICK-ROOM

The Trained Nurse and Hospital Review

VOL. LI.

NEW YORK, AUGUST, 1913

No. 2

Nursing as a Vocation*

GEORGE W. GAY, M.D.

Boston, Mass.

MODERN civilization has made no greater strides in any direction tending to benefit mankind than in its activities in caring for the sick and disabled. In no sphere in life is the great humanitarianism of the age more strikingly in evidence. All classes of people, the high and the low, the rich and the poor, the native and the foreign, now receive more consideration in the preservation of health and in the care and cure of their disabilities of whatever nature, than ever before in the history of civilization. In fact, the humanitarian standard of any people may be estimated fairly upon the care bestowed upon its indigent and dependent classes.

While astonishing progress has been made in medicine and surgery during the last half century, yet no small part of the modern success achieved in the care of the sick and injured is due to the trained nurse. To fully comprehend the contrast between the old and new systems of nursing, one should investigate the conditions existing in many places previous to the Crimean War, a description of which would be too horrible for this occasion. The ignorance, the neglect often amounting to brutality, the drunkenness, the immorality prevailing in many

of the hospitals in the olden times surpass comprehension. With few exceptions there were no attendants caring for the sick that would now be called nurses. They were the lowest type of women, devoid of character, ability, training, sympathy, or the common instincts of humanity. Decent women had been driven out of the hospitals.

While the nursing in many of the foreign hospitals in the old days was of this type, yet it did not prevail in all of them. In some institutions, especially in those presided over by the Catholic Sisters, the nurses were neat, kind and efficient for those times.

There must be some in this audience who remember the neighborhood nurse of half a century ago—a spinster, or more likely a widow, who had seen better days, finds herself obliged to earn her living and drifts into caring for the sick. Endowed with common sense, a kindly disposition, tact and discretion, a natural aptitude for helping people, she became a very good nurse, and was of great service in the community in which she lived. In short, as far back as nursing history runs, there have always been found noble, self-sacrificing, efficient women caring for the sick and unfortunate, but previous to the middle of the last century they were in a pitiable minority.

The speaker remembers with a shudder

*Abstract of an address delivered at the dedication of the Nurse's Home, Faulkner Hospital, Jamaica Plains, Boston, June 12, 1913.

the "Gamps" occasionally met with in his early professional life—a class of so-called nurses now happily extinct, or nearly so, who were a terror to the patient, to the family and to the doctor. Ignorant, arrogant, self-confident, they did not hesitate to assume charge of the patient in the absence of the physician, disobeying his orders and then lying about it. Many and lively were the tilts between the physician and the nurse, which resulted too often in the latter's favor, the patient choosing to retain a contemptible fifty-cent nurse rather than a reputable doctor. Not infrequently these nurses were so addicted to the use of the cordial, facetiously called "Elixir Pro," that the patient received scant attention. The speaker well remembers one instance in his own practice, in which a drunken nurse dropped a week-old baby upon the floor, breaking its hip and thus making it a cripple for life. In the light of his experience the reader can appreciate the vast improvement made in late years in the care of the sick and suffering. He takes off his hat to the trained nurse and wonders how we ever got along without her!

The speaker wishes he could say that the modern system of nursing was directly inaugurated by the medical profession, but such does not seem to be the fact. While the reformation of the old system had received much attention by the leading physicians of the time, yet they were unable to devise and put in operation any scheme for accomplishing the object. This was done by a clergyman.

In 1836 Pastor Theodor Fliedner, influenced by the efforts of Amelia Sieveking, of Germany, and Elizabeth Fry, of England, with the vital assistance of his wives, Friederike and Caroline, established the "Mother-house," the home of the Deaconess Order of Samaritans, at Kaiserwerth near Dusseldorf, in northern Germany. From that modest beginning the order has grown until it now comprises several thousand members, hav-

ing under their care numerous hospitals, homes and schools of various kinds all over the world. It was at Kaiserwerth that Florence Nightingale, the queen of the nursing world, received her training preparatory to her epoch-making work in the Scutari hospitals during the Crimean war in 1854-'6. Upon her return to England she turned her attention to the reformation of nursing in her own country. Her sound sense, good judgment and phenomenal grasp of policies and details won the admiration and the confidence of the English government. She was thus enabled to raise the standard of nursing, not only in civil life but in the army and navy, to a point far higher than it had ever attained before. A training school was established at St. Thomas's Hospital, from which has grown up the modern system of nursing in the British Empire. This example and influence has had not a little to do in raising the standard of nursing everywhere.

It may be said, then, that our present system of nursing the sick was born at Kaiserwerth, and it is a singular fact, as showing the originator's wonderful foresight and wide grasp of future needs, that nearly, if not quite all of the present features of the work were suggested and developed at the parent institution. The probationary period, the preparatory training, certificates from clergymen and physicians as to the applicant's character and health, graded courses, class work, lectures, discipline, etiquette, ethics, etc., all received careful consideration. District nursing also received special attention, as did all the fundamental features of the present-day system.

Previous to the middle of the last century nursing in America was not of such a character as to justify any bouquets upon this occasion. We stumbled along much like other civilized nations, gradually getting our eyes opened to the deplorable state of affairs and the great need of reform therein.

The first training school to graduate

nurses in this country was established at the New England Hospital for Women and Children, in 1872. Five pupils entered the school. The term was one year. The first woman to enter and to graduate was Miss Linda Richards, who has since taken such a prominent position in the nursing world in organizing and managing training schools for nurses. After seeing service in numerous institutions in this country and in England, she went to Japan and established a school there for the training of nurses. The work was taken up with enthusiasm by the nobility and upper classes and developed as only the Japanese seem able to do those things, *i.e.*, better than most nations. You all know that Japan leads the world in army sanitation. The nursing activities, as shown in the Russo-Japanese War, were in line with her other work. It must have been an impressive sight to see those little women scudding about on the battlefields under fire giving first aid to the wounded! The Japanese nurses took care of nearly a quarter of a million of Japanese and Russian soldiers during that struggle. And all this work got its first scientific training and organization from Miss Richards! Well may she feel that her life has not been in vain. May her future be as peaceful as her past has been useful!

Since that modest beginning at the New England Hospital in 1872, the good work of establishing nurses' training schools has gone steadily forward, until now there are upwards of a thousand in this country containing about 25,000 pupils. Nearly all the large hospitals have a school, as do many of the smaller ones. It follows, of course, that practically all hospital nursing is done by trained nurses. The great superiority of this method over the old one can be fully appreciated only by those who are familiar with both.

Training schools for male nurses are finally receiving some attention, and it is high time they should, as this branch of the work has

never been developed at all commensurate with its importance. It is not so very long ago when any man who was strong and reasonably clean and sober was considered competent to act as nurse. Their training usually consisted of more or less service as a wardmaster in some hospital. While present conditions are much improved, yet much remains to be done in this direction.

As might be expected from its high standing and the progressive character of its work, the Massachusetts General Hospital was one of the chief pioneers in establishing a training school for nurses. In 1873 the school was opened and has steadily grown until now it has 183 pupils and an alumnae list approaching one thousand. It occupies a front rank in this activity, as it does in so many others.

In 1878 Dr. Edward Cowles, superintendent of the Boston City Hospital, invited me into his office one day and said that he was getting ready to open a training school for nurses in that hospital. He wished me to take charge of the surgical section of the teaching, expecting me to show the nurses how to do everything relating to the care of surgical cases, such as bandaging, the application of poultices of various kinds, hot and cold compresses, blisters and leeches, wet and dry cups, wet and dry heat, the temporary splints, etc.; to teach them the management of hemorrhage and the more common emergencies, etc. Well does the speaker remember the trepidation with which he struggled with some of the simple efforts that his audience could accomplish much better than he could. The object of the teachers, however, was to show the pupils not only how to do the many things pertaining to their calling, but to explain the reasons for doing them, to show them what to do and why, as well as what not to do and why. Doubtless some of the work would seem crude today and very likely some of the things have been forgotten, as cupping, blistering, etc., but it was the beginning of

a great movement for the public welfare and as such may be worthy of mention. The Boston City Hospital Training School was the fifth to be established in this country and the first to be organized and controlled by a board of hospital trustees. In the thirty-five years of its existence 1,122 nurses have graduated therefrom and are to be found doing good work all over this country.

In 1910 the legislature of Massachusetts created a board of registration of nurses, thus giving the registered nurse a distinct recognition by the State and placing her on a par with those in other States having registration. Two classes of nurses, A and B, are registered upon passing a satisfactory examination. Class A includes the graduates and Class B the more experienced and accomplished attendants. It will be noticed that a registered nurse does not necessarily mean a graduate nurse. The latter has received a definite, scientific training of two or three years, while a registered one may never have had any systematic training, but by reason of her long experience in the care of the sick and of her superior qualifications, she is deemed worthy of recognition by the State. At present comparatively few non-graduates are registered, as they do not come up to the requirements.

Registration is not compulsory and does not interfere with any one following the business of nursing. The only restriction imposed upon the non-registered nurse is that she cannot use the title, "Registered Nurse," under penalty of fine or imprisonment, or both. The popularity of registration is shown by the fact that 5,770 nurses are on the registry today, of whom about 600 are non-graduates.

The trained nurse is one of the best products of modern civilization, a fitting exponent of the great humanity of the age. No one can know and appreciate the importance and value of her services without a personal experience. The great responsibility she may be called upon to bear, the vital assist-

ance she renders to the sick, the support she affords to the patient and friends and the invaluable aid to the physician, must all be seen to be fully appreciated.

So much for the trained nurse! And now may I call your attention for a moment to another feature in the care of the sick and disabled which has hardly received the consideration that its importance demands. I refer to the training of the so-called attendant nurses, or non-graduates. From the fact that a large portion of the community, estimated at over 75 per cent., cannot afford to employ a trained nurse at \$3.00 per day and upwards and, therefore, is compelled to depend upon an attendant nurse or domestic nurse, it would seem desirable, if not essential, that she should have some sort of training commensurate with the requirements of the situation. Hitherto her training has consisted largely in what knowledge she has been able to pick up here and there in caring for the sick without having had any definite instruction or training. A few may have had some experience in a hospital training school from which they have retired for various reasons, without a diploma. There are necessarily many attendant nurses at work in the community and in many cases of the milder affections, chronic ailments and convalescents they render very satisfactory service. There can be no question, however, that their services would be considerably improved by a judicious, well-managed training of even three months. It would not only add to their efficiency, but it would give them more continuous occupation and also a recognized position in the nursing world and in the community.

It may be claimed that the distinction between the two kinds of nurses now existing in the minds of the public would be destroyed were the nurse attendants to be trained in any way; that it would afford an easy opportunity for the trained attendant nurse to pose as a trained nurse, were she so inclined. That matter might well be left in

the hands of the physicians, the nurses' registries and the trained nurses. Under the instructions of these agencies the public would soon learn the distinction between a trained nurse at \$25 and an attendant nurse at \$10 to \$15 per week, or even less. In the minds of many persons today the chief difference between the two classes of nurses is that you pay from \$8 to \$15 per week more for one than you do for the other. The trained nurse, however, need have no fear of her position, as she is secure therein. She occupies and will continue to occupy the front ranks in the nursing world. She cannot be displaced by an inferior grade of nurses or attendant nurses.

It has been suggested by competent authorities that all nurses be trained and that there should be three grades, whose fees should be approximately one, two and three dollars, respectively, per day. The writer can but feel that this scheme is hardly practicable under present conditions. It is too complicated. There will be difficulties enough in establishing two grades without considering a third. Theoretically, all nurses should receive some sort of training. The only question is, how shall it be done? The two classes of nurses now in the community cover the situation fairly well. The deficiency rests with the attendant nurse. Can the standard of her services be raised without increasing the expense to the public? That is the question of the moment.

For several years attendant nurses have received training at the Vincent Memorial Hospital in Brookline. The term of training is three months. The fee for the instruction is \$25, the pupils living outside the hospital. The pupils see only mild cases and convalescents, never severe cases. They are not allowed to see the work of the wards under the trained nurses. They are taught the toilet of the sick, to make occupied beds, to render ordinary services to the helpless, to serve food but not to prepare it, to measure medicines, but not to give them,

to take pulse and temperature; in short, the line between the trained nurse and the attendant is drawn as judiciously, probably, as is possible.

The results of this work are not particularly encouraging. The number of women applying for training has steadily decreased until now there is only about one-quarter the former attendance. The cause of this diminution in pupils is not apparent at first sight. The natural inference would be that the attendants do not feel that the training received from this excellent institution is of sufficient advantage to pay them for the time and expense required, a matter of from \$75 to \$100. They very likely assume that the experience obtained in caring for the sick may serve as a necessary training, thereby enabling them to earn something during their apprenticeship, rather than being under expense for some months.

This whole matter finally comes down to a question of dollars and cents. There is a definite demand for at least two classes of nurses, the trained and the domestic. Those who can afford it, very naturally and wisely employ the former. Generally speaking, the trained nurse's services are worth more than they cost. She has devoted several years under expert teachers to fit herself to render important service to the community. She very properly demands and deserves a reasonable compensation for her services. Under these circumstances it is neither fair to her nor to the public that an inferior grade of nurses, having only a few months' training, should receive the endorsement of the profession and the registries upon the same conditions as the trained graduate nurse. The distinction between the trained nurse and the attendant nurses should be clear and definite and the public should be informed of the true state of affairs. As the physicians are largely responsible for the existence and the employment of the trained nurses, it is our duty to stand by them under all proper conditions. The same duty rests equally

upon the nurses' directories. They should furnish nurses and attendants, but applicants should invariably be told distinctly the sort of assistance they are receiving, whether graduates or otherwise. The rule followed at the Nurses' Directory of the Boston Medical Library should be the guide of all directories. This directory has nearly 1,100 trained nurses and about 300 attendants upon its books. No attendant is allowed to charge over \$15 per week for her services, on penalty of being dropped from the registry. This is right and proper, as in no other way can the registries be loyal to the nurses and honest with the public.

In concluding this subject it may be said that almost every one whose opinion is of value thinks that some sort of training of the attendants is desirable. Dr. Washburn, the able medical director of the Massachusetts General Hospital, Dr. McCollom, the superintendent of the Boston City Hospital, and Dr. Fisher, superintendent of the Presbyterian Hospital of New York, gentlemen of large experience with nurses, are heartily in favor of this proposition. They recognize the need of the attendant nurse in the community, and naturally conclude that she should be trained to a certain extent. The details of how, where and by whom remain to be worked out. The gentlemen above named believe that a scheme can be devised whereby this work can be carried out with benefit to the public and without detriment to the graduate nurses. It is to be hoped that future efforts may be more successful than have been the past. Whatever is done

in this direction the fact is ever to be borne in mind that a trained attendant is *not* a trained nurse and should not be permitted to appear as such to the public.

In this connection the following letter from Dr. Washburn is of special interest and significance:

"Dear Dr. Gay:

"In reply to your letter of June 5 I would say that I do not feel sure that a proper course for the training of attendants has been established in Boston or that the right interest has ever been taken in it by a hospital. I believe that if a school for training attendants were established, properly encouraged and wisely administered, it would be a success. The good school for nursery maids maintained by the Infants' Hospital is an example in a simple way of what might be done.

"I have sometimes thought it was the duty of our hospital to set the example in this matter, and see if we could not work out the proper school for attendants, in addition to our training school for nurses. I am not at all sure that I might not become convinced that this is the thing to do. If we had the money to start our country branch, which we want so badly, I feel sure that there would be an excellent place to begin training attendants and I, personally, would favor the trial.

"There is no doubt in my mind about the need for attendants, nor do I think there is any question but what it can be done if some one takes hold of it in the right way."

To work, to help and be helped, to learn sympathy through suffering, to learn faith by perplexity: to reach truth through wonder,—behold! this is what it is to prosper, this is what it is to live.

—PHILLIPS BROOKS.

The Need of Fairness

ANNETTE FISKE, A.M., R.N.

(Continued from page 10)

EVEN more distinctly is the splendid working of registration shown by the experience of one of our nurses in New York. To quote her own words: "I filled out the necessary papers and sent them to Albany when the law went into effect here (New York). The authorities wrote that they were in correspondence with parties in Waltham and would return my papers as soon as they decided to admit the Waltham School. I waited and finally went to the capital, just before the expiration of the three years, which was the time given for nurses to get registered after the law went into effect, without taking the examinations. They told me they were *still* in correspondence with Waltham parties, but that as junior nurses were sent outside the hospital, they thought Waltham graduates would not be allowed to register. I said: 'Then even if we take the examinations we could not register?' They replied, 'No. You would not be admitted to examinations because your hospital or school is not registered.' Of course, I knew this, but I thought I'd see what they would say so long as I was there, and could get no *final* written expression from them. No doubt, you know the wording of the New York State law. Every little insignificant training school in the State is registered and ten years in most of them would not give a nurse half the training she gets in Waltham. Nevertheless, we must submit to the injustice, so long as the law is framed against our system of training.

"I met a graduate of a New York hospital at a diphtheria case, who had never had any training in contagious work. She asked me to sit down and tell her all I knew about it, for she had already disgraced herself by using no disinfectants. It was only a short

time after this that the registration law went into effect and she was among the R.N.'s who organized a State Registered Nurses' Club in S——. I was nursing there, but unable to join this club, and as they control the registry at the hospital, I was also unable to register."

It was only after a long fight that the registration bill in Massachusetts was framed in such a manner as not to exclude Waltham graduates. The Massachusetts State Nurses' Association, however, the Associated Alumnae, the Red Cross, and all other such organizations, as I have already stated, refuse membership to Waltham nurses, not because they are incompetent nurses, but because their training is different from that given most in schools. The course there is harder to plan than that in the purely hospital schools, and a little leeway is needed for adjusting the various forms of service. It is a question, therefore, whether the Waltham School will ever find it practicable or desirable—it has not done so heretofore—to promise two years of hospital duty to every undergraduate. The good training must be kept intact whatever the desires of outsiders.

When the secretary of the Massachusetts State Association writes to one of our graduates: "If your school has decided, in addition to the other excellent training given, to give two years in a hospital, or hospitals, we will gladly welcome you to our association, for we earnestly desire your hearty cooperation," she is saying that, if the school, despite its convictions, will change its course, to which no valid objection is offered, to suit their ideas, all the graduates of previous years will be admitted to membership. Is not this the equivalent to admitting that

these graduates are even now fit for membership and that the objection to them is purely technical, a matter of opinion, not of principle? The Red Cross nurses must be members of their State Association and registered if there is registration in their State, and their school must not send out pupil nurses! As if the fact that pupils were sent out affected their capacity as nurses—otherwise than favorably. The National Organization for Public Health Nursing is adopting the same rules. Does this point to their seeking efficiency in nurses? Does it not rather point to a dictatorial spirit that cannot brook any methods but those they have practised or evolved? Every one must be made to bend to their wishes, as if their way were the only way.

Miss Minnie Goodnow, writing in a contemporary journal,¹ says:

"Let State registration laws concern themselves with what is possible under ordinary circumstances, not with theories which require unusual conditions for their accomplishment. Let the stress be laid, not upon the length of time spent in the hospital, but upon the actual teaching given during that time. Let us know what our hospitals are doing and what they can do before we say what shall be done."

Dr. R. M. Phelps, in a paper before the American Hospital Association, said of the present laws for nursing: "They do not apply regulation to all who nurse; they thus do not protect the public against incompetence; they do not recognize, or even seemingly wish to recognize, the great numbers whom the advocates are yet pleased to call the 'ignorant, the incompetent and the unscrupulous'; but they do aim to give a title and honor to those in nursing work who already have the highest positions." In regard to the claim that they are raising the standard, he says: "We are lifting *only* the standard; we are not elevating nurses as a whole, nor are we even lifting them as a part. What happens each time the standard is

lifted, is that fewer are in the lifted portion. . . . The underlying economic law of supply and demand is the main governing law, and always will be so. . . . Nothing but the fact that any person may nurse unrestrictedly, however ignorant and incompetent, prevents this registration law, even as it now exists in places, from forming the closest monopoly ever known."

The courses in the training schools need not be so cut and dried as these "leaders" would have them. They can have some individuality and yet be effective in forming thoroughly trained nurses. Miss Alline in her report to the Waltham School, shows very distinctly the difference in point of view of the purely hospital schools and Waltham. Waltham believes that the home is the proper place for the sick to be cared for, so long as they can get efficient care there. When they cannot, the hospital is provided to make sure that they need not go without it. The other view Miss Alline gives in the following words: "Such a community as that surrounding the training school would, in most sections of the country, keep a hospital the size of the Waltham institution more than full of acute cases in all its departments. Such a service would give sufficient training for your school and at comparatively less expense than under the conditions of last spring, the number of patients low in proportion to accommodations of room and working force. The reason for this state I believe to be in the education of the people of that community, being directed in the same way as that of the training school, that is toward home nursing rather than institutional. To fill the hospital and relieve somewhat the demand for the visiting nurses would not be easy, and would take time, but the active service of a full hospital with your Baby Hospital would make the Waltham Training one of the most, if not the most, desirable training school in the country." These views show the effect of the purely hospital

training. The nurse so trained is apt to see no other possibilities than hospital treatment. Care of the patient in the home is alien to her mind. Get him into the hospital, where you can care for him easily and systematically, and where he will afford good experience for your nurses. The patient's point of view seems to be wholly overlooked, and the value of home surroundings and the presence of loved ones as an aid to recovery ignored, though Miss Goodrich speaks feelingly of "turning out of the room the mother, whose maternal instinct and maternal love are no mean factors in a correct perception of the physical conditions of her child." It is not Waltham only that fails to regard the purely hospital training as effective or desirable. Thus, Miss Catherine J. Wood, a prominent English nurse, wrote to Dr. Worcester in 1910: "I have read with much interest both the News Letter and the report of the Waltham Training School for Nurses. Your results are most encouraging, for you seem to have solved the difficulty, an increasing difficulty, of equipping the nurse for the varied sphere in which work finds her. Every student of the question confesses that training exclusively carried on in the modern hospital is not an ideal training for nurses for the sick. At the time when attention was first directed to the nursing of the sick, it was felt that in the hospital only could the probationer acquire the necessary knowledge and experience for her work; hence the hospital assumed the dual function of instructor and employer of labor, a combination of offices which has wrought disastrously in these later days in the organization of the profession; and yet it is a position so advantageous to the hospital that it is hardly to be expected that the authorities will ever change their policy. But the modern hospital is a very different school from that in which the pioneers began their work. In the wards and in the general entourage the hospital then resembled the house of the

private patient and the probationer could be easily encouraged to transfer herself from the one to the other; but now a modern hospital is a highly specialized machine, and those who learn their work in it are part of its machinery; it is full of labor-saving appliances, its duties are carried through with a precision and discipline that leaves little room for individual initiative and the patients for whose benefit it exists are more often cases than humans. The modern hospital, a necessary result of the evolution of modern therapeutics, has ceased to be desirable as the sole training school of the modern nurse, who, at the conclusion of her training finds herself, or should do so, in touch with suffering humanity in every grade and in every circumstance, and who, moreover, has a most important part to play in preventive and hygienic medicine. The Waltham School seems to have met this need in a very thorough manner, and by making the efficient supervision of the pupil in all stages of her career the keynote of its system, is able to record results that must be very gratifying to the founders. But in the States you seem to encounter similar opposition to that which confronts us in the old country; an antagonism on the part of the profession, because your pupils approach their lessons by another route than the three years' hospital training. This three years' hospital training is fast becoming a fetish. Three years, or even four years, as pupils, yes, by all means, but let there be a little more elasticity in the spending of those years of pupilage. The three years in hospital, which was a *sine qua non* in the first days of the profession are now a hindrance and not a help. We want a system of registration, voluntary or State, which by an open examination most searching and practical, shall ascertain the qualification of the examined, and this examination, in conjunction with certificates of training in hospital or under accredited teachers, shall be the proof that the candidate has a complete knowledge of

her profession and is entitled to the diploma of registration."

Dr. Howard A. Kelley also has expressed some ideas as to the drawbacks and dangers of hospital training. In the *Philadelphia Medical Journal* he said: "The trouble with the rank and file of our nurses is that they are spoiled in their training, for the one great dominant impulse of the true nurse, old-fashioned as well as new and trained, should be the tender love of the sick and suffering, a sense of having a mission in the world only rightly fulfilled when with warm heart and skilled hands lifting some little bit of the world's weight of woe.

"We have often thought that each training school should have a chair on the humanities, continually emphasizing to the nurse the emotional, humane and religious side of her calling. So true is this that we verily believe that without this dominant impulse no woman has a right to enter the sick room, any more than an unconverted man has a right to enter the pulpit, or a blind man to be a painter. All the scientific superstructure that can be piled on cannot make up for this awful deficiency in their foundation. . . .

"It is the testimony of a great surgeon that we see too much of science (so-called) and too little regard for the divine calling in

almost all our training schools. 'When I come to seek for nurses in my private practice, I find the woman with a true calling is rare, indeed.' Our training schools, some of them, are arctic in their temperature and their influence, and the influence of chief nurses seems too frequently to look to the murder of a girl's natural affection and tenderness. But the fault not seldom lies at our own profession's door. All praise, then, is due the model hospital in Waltham, Mass., where humanity is made the chief issue, where the woman first gains her training among the poor in private practice and has every inducement to develop the affection in a sympathetic personal relationship thus established before entering the hospital mill."

Waltham is not the only school laid open to unjust treatment under the present nursing regulations, but it is the most prominent one and the one of which I know most. I am not defending it, for its principles and methods need no defence. I would merely point out the fallacy of present registration methods and their injustice to some schools, so say nothing of the public, and put in a plea for fair treatment. There is far more need of fairness in the consideration of training school requirements and curricula than there is of orientation.

DAY BY DAY

Wouldst fashion for thyself a seemly life?
 Then fret not over what is past and gone;
 And spite of all thou mayst have lost behind,
 Yet act as if thy life were just begun.
 What each day wills enough for thee to know;
 What each day wills the day itself will tell.
 Do thine own task, and be therewith content;
 What others do, that shalt thou fairly judge;
 Be sure that thou no brother-mortal hate.
 Then all beside leave to the Master Power.

—Goethe.

Working Hours for Nurses

MARY ANNA GOODE

IN THINGS which are new, an individual, an organization or a nation tends always to go to extremes. Sometimes it may even be that extreme measures are necessary in order to rouse public or private conscience to a long-existing evil. It is probably, therefore, of little use to admonish nurses not to go to extremes in their legislation, chiefly because the evils which they would right by this means are of rather long standing and because their chance at law-making is of rather recent origin. Still, it is possible to frame laws which shall constitute a good beginning, right some of the existing wrongs and pave the way for more drastic measures when they have been proven practicable and desirable.

Just now we are agitating the matter of working hours for nurses. It is right in line with what "everybody's doing," for laws concerning working hours for men and especially for women and children, are constantly being introduced into nearly every State legislature. We nurses are simply taking our part in the general protest against existing hardship and in the general search for justice and equity.

Most of the wise people (which includes college professors and statesmen), and most of the ignorant people (which includes immigrants, common laborers and the so-called working women) are agreed that an eight-hour working day is ideal and should be sought. It is the employers who object to it. Despite the objections of employers, the wise men and the ignorant ones are working, each in his own way and from his own end of the line, toward this desired end; it looks as if they were likely to win out.

With all the agitation going on about long hours of work for women in laundries, in stores and in factories, it was only to be expected that some one should think of

nurses, who are popularly supposed to be among the hardest worked of women. To be sure, while they are in training they are working toward a much-desired end (as any other student is), and when they have graduated they are well paid, or at least are able to earn as much in twenty-four hours as a plumber does in eight hours. These facts should be considered extenuating circumstances, we presume, but—we all know that a nurse's job is no easier than a shop-girl's.

So we nurses and our friends are trying our hands at formulating laws on this subject, and there are some indications that we are acting wisely in the attempt. Before we get too deeply into our law-making, however, let us observe those who have gone before us, see what means they have used, what they have accomplished, and what pitfalls they fell into.

Set it down, first of all, that any law, even the best law which can be made, is going to work a hardship to somebody. Laws and rules have always done that and always will. The eight-hour laws now in existence and enforcement do. They prevent the employer from asking for overtime work from his men, even in an emergency, they prevent the men from earning overtime money which they may bitterly need, they put a great many people to a great deal of inconvenience, yet few people really question the value of these laws, and nearly every one concerned has learned to adapt himself to the inconveniences caused by them.

So, an eight-hour law for nurses would work a hardship. It does in hospitals where it is now in force, yet some of these same hospitals are warm advocates of the practice. Such laws would prevent hospitals from securing overtime work and would compel patients to pay more for the services they get than they now do. It would put

many people to considerable inconvenience and that permanently. Hospital methods would have to be reconstructed, just as store and factory methods have had to be reconstructed to meet the laws which affected them.

Right here let us note the wording of the best labor laws which have been passed, their provision of "eight (or nine) hours per day *or* forty-four (to fifty-six) hours per week." In that last clause lies the saving grace, at least for the employer and for the public whom the laborer serves. The number of hours of work per day is important only up to a certain limit, but the number of hours work per week is the vital matter.

In the case of a nurse, it is here also that her hardship lies; not so much in long hours for any individual day, but in the large number of hours of work per week. Here, too, lies the chance of avoiding injustice to hospital management, by remembering that each day's emergency must be met as best it may, while we insist that the week's work be not excessive. Do you know that experts consider 56 hours' work per week the *limit* for physical and social well-being? And do you know that 56 hours per week is about the *least* that any hospital exacts of its nurses? Count it up.

Monday,	8 hr. work with patients, 1 hr. study.
Tuesday,	8 hr. work, 1 hr. class, 1 hr. study.
Wednesday,	4 hr. work, 1 hr. class, 1 hr. study.
Thursday,	8 hr. work, 1 hr. relief duty for another nurse's class.
Friday,	8 hr. work, 1 hr. class, 1 hr. study.
Saturday,	8 hr. work.
Sunday,	4 hr. work.
Total,	56 hours.

(Does any one say that study and class hours should not be counted? Ask any pupil nurse her opinion.)

The above schedule assumes that there are no emergencies to be provided for. But who ever saw a hospital which did not have at least one emergency of some sort once a week? Said emergency may be an unusual number of sick people, it may be a number of unusually sick people, it may be an epidemic of some minor ailment among the nurses, it may be simply vacation time, or so prosaic a thing as a shortage of maids; but every one of these things means extra hours of work for the nurses who are on duty, means missing "hours off," means having "afternoons off" omitted, means working all day Sunday, means not getting through at 7 P.M., means being put "on special" when it isn't your turn, means being put on night duty when you haven't been off many weeks. It means that the number of working hours per week runs up to something like this:

Monday,	9 hr. work, 1 hr. class.
Tuesday,	10 hr. work, 1 hr. relief for class.
Wednesday,	5 hr. day duty, 5 hr. night duty.
Thursday,	12 hr. night duty.
Friday,	11 hr. night duty, 1 hr. class.
Saturday,	7 hr. night duty, 5 hr. specialing.
Sunday,	15 hr. specialing in two shifts.
Total,	77 hours.

Every one of us must admit that this last schedule is not an uncommon one, and that such hours happen to be the lot of a certain number of nurses in the average hospital, almost every week in the year. There are always some nurses who are on special, always some on night duty, always some who do not get their hours off, always some who miss their afternoon off or have to work all-day Sunday, always some who have to help in emergency cases. And the *sum* of these things is far greater than most of us realize.

Will you, O superintendent of nurses who is trying to be just, keep a record for but one average week of exactly the time which your nurses spent on duty, and add it up? It

will be more than 56 hours a week, a good deal more.

And the night nurses! Who ever considers them in all this? Few and far between are the hospitals where they are on duty less than 12 hours per day, 7 days in the week, total 84 hours. To be sure, they are *supposed* to sit down (!) for about two hours of this time. Please note that they are not supposed to *rest* in the ordinary sense of the term, and woe be unto them if they should sleep during any of this time of ease!

The vital question in all this is, whether it is possible to care for patients in an active service and still give nurses reasonable hours. Too many of us weakly say, "No, circumstances are against it." So said the general managers of railroads when they faced a situation not dissimilar. Hear the answer of one superintendent of nurses.

"I've done both ways, worked my nurses to their limit, and given them reasonable hours. I've had them on duty ten hours regularly and asked them for overtime, kept my night nurses on twelve hours per day for two months at a stretch, four months in the year, and given most of my nurses three months specializing each year, with eighteen or more hours of duty per day. I've done the other way, worked them nine and a half hours per day, practically never asked for overtime work which I did not make up to them, gave them two half days off per week without fail, limited night duty to one month at a time and to two and a half months per year (giving a night off twice during the month), and cut the specializing down to six weeks per year.

"In the first instance I drifted with the tide, did as other hospitals do, met emergencies only as they came with no reserve of anything, and was always sorry for myself and my nurses. In the second instance, I used up a goodly amount of gray matter in planning work, and developed an astonish-

ing amount of courage toward doctors, patients and board. The patients wanted their special nurses on duty for twenty-four hours, the doctors wanted certain nurses to help them and found it convenient to operate on Sunday, the board protested against getting outside help for emergencies, informing me that I already had more nurses in proportion to the number of patients than any hospital in the city. It took courage—a good deal—and tact—a good deal—and brains—quite all I had—to meet the situation and do justice to my nurses. My circumstances were no more favorable than the average, but I know now that it can be done.

"It would all be much easier if only there were back of me a law which said, 'You must not permit your nurses to work more than sixty hours per week.' Good registration laws have helped me out more than once when my board or my doctors did not understand what the nurses needed. A reasonable labor law would be such a help to the superintendent of nurses who wishes to be just."

There will always be those who cry, "It can't be done. We have a hard enough time now to get the work done." Always what ought to be done can be done. The most of us humans are helped by a "Thou shalt" or "Thou shalt not" to brace up and work out the problems which we have sighed over but never really tackled.

There is no reason for being rash in our law-making, nor too radical, but it is high time we made a start at what we all admit to be a glaring defect if not an actual wrong. Let the law which we suggest be worded not merely "eight hours per day," but let there be added the saving clause, "or fifty-six hours per week." Make it sixty hours if you will—it will get shortened in time—but let us have something which will check the exploitation of pupil nurses through thoughtlessness, cowardice or stupidity.

The Care of the Hospital Building

EDWARD F. STEVENS, HOSPITAL ARCHITECT

Boston, Mass.

IT IS not to be expected that every nurse should have the training of an architect or an engineer, but there are many little things the knowledge of which would add to the comfort of the patients, to the economy of the administration, and would afford satisfaction to the nurse herself in being sure that she is doing the right thing. How often the annoying cracking of the steam pipes, the slamming of doors, the stifling heat or uncomfortable draught might be avoided if the nurse should carefully think out the reason for the trouble and annoyance!

Perhaps there is nothing more mysterious to the average nurse than the heating system of a building. Of course we all know that boiling water sends off steam; that steam is lighter than water, and rises; that when cooled or condensed it becomes water again; that in order to rise or flow readily steam must have properly proportioned unobstructed ducts or pipes through which to flow, and that as it condenses there must be a pipe for this condensed steam to flow back to the boiler. These are called return pipes. While the supply pipes must always flow upward, the return pipes must always flow downward. While there may be a steam pressure of fifteen pounds to the square inch on the steam pipes, there must be an equal, or nearly equal, pressure on the return or condensed steam pipes. Thus it will be obvious that if one valve of the radiator is opened to admit the steam, the other valve should be opened, not only to allow the steam to circulate but to allow the water to return to the boiler. It will also be apparent that if the steam side of the radiator is closed and the *return* side left open, the condensed steam in the *return* will proceed to fill the radiator or *flow back*. Then when

more heat is needed and the supply valve is opened, all of the water in the radiator must be driven out and the mixing of the steam and the water causes the very unpleasant snapping which is so disastrous to the comfort of the patient.

Perhaps your hospital may be equipped with a different system, with *modulating* or *thermostatic* valves. Then the task is easier, for there is but one valve to consider in each radiator; or the indirect system may be used, where the radiators are placed in the basement, encased in chambers to which the outside fresh air is conducted (or should be). There is generally a mixing valve with a chain-pull, with this legend, "Pull for warm air," or something of the kind. With this system, the nurse should make sure that the fresh air *does* come from outside and not from a closed or musty basement, where an over-economical engineer, in order to save coal, has closed the fresh air inlet. The air in the patient's room should be fresh and pure.

Remember that the patient in bed, covered with linen and blankets, does not require as high a temperature as might be comfortable for the nurse sitting in the room. A temperature of more than 68° is hardly ever needed in the sick room, except when bathing or dressing the patient.

Except in extremely cold weather, direct fresh air should be admitted from the windows. If a shield is placed at the sill of the window, the sash can be slightly raised, admitting air but not creating a draught.

A simple method employed in heating wards and private rooms and ensuring fresh air is to use what is called a *direct-indirect* radiator. The radiator should be supported on a bracket and not rest on the floor. A

removable shield enclosing the front of the radiator prevents the out-of-doors air, which is introduced directly through a duct, from being felt. The quantity of air is governed by a weighted valve controlled by a chain. This type of radiator can readily be cleaned and kept free from dirt, and affords ample air supply to the patient.

VENTILATION

While the heating of the patient's room is important, the ventilation is far more essential, for unless the foul or contaminated air is removed from the room the air loses its life and clogs, instead of stimulating, the circulation of the body. If there are ventilators in the room, they should always be kept open unless, perchance, their action is reversed and foul air is coming in instead of going out. In this case the vent should be closed and the engineer sent for to change the condition of things. The open door or the window open at the top will generally change the air in a room.

It is not essential that the air should be kept at exactly 68° or 70° . The ideal temperature is that of a typical New England June day in a pine forest, but this ideal day is never at any one given temperature. Neither is it free from air currents, so why should we try to keep our patients from them? If our argument is good as to change of air, then try to have the patient as much in the open as possible.

CARE OF THE BUILDING

The nurse should be made to feel her responsibility in the care of the building and its equipment, to consider it her building, and should take as great care of it as she would of her own home; for while she is on duty it is her home. The floor, the walls and the furniture should be kept immaculate, not only the visible but the invisible. The little statues on the pinnacles of the Milan Cathedral are carved with equal precision on the back or unseen part as the

exposed or visible portion, for the sculptors argued, "The gods can see all parts, if men cannot."

The same care should be taken of the equipment. Remember in using the gas stove, for example, that once the water boils the gas can be reduced one-half and the water still kept boiling, as the excess of gas only produces steam and wastes gas. The same way with sterilizers. As soon as the water boils, the valves can be cut down just enough to keep up the boiling process. In this way a steamy, uncomfortable sterilizing room is largely avoided. Remember, too, that the water is as sterile after it has been kept twenty minutes at 212° , or the boiling point, as it is after hours of boiling. If a sterilizing hopper is used, the same principle holds good. Be sure that the contents of the hopper are brought to the boiling point. In a few minutes turn off the steam, and before opening the cover turn on a quantity of cold water. Then empty the hopper. The cold water condenses the steam in the hopper and prevents the unpleasant odors which are apt to arise.

The dressing sterilizer acts on a different principle. Here steam pressure is necessary to thoroughly penetrate the goods to be sterilized. After the door is thoroughly closed, admit the clean water to be boiled, sufficient to cover the steam pipes. Turn on the steam, both to the *jacket* and the pipes in the sterilizers, but do not close the air valve until a quantity of steam has escaped and you are reasonably sure that the air in the sterilizer has been driven out. Close, and allow the steam to reach fifteen pounds pressure through the valves and to be partly closed so as to keep this pressure for thirty minutes to make sure that all articles are reached. Then shut off the valve for the same pipes, open the air valve, and allow all of the steam to escape, but the steam in the jacket should be left on until the dressings are dry. Never try to open the door while there is any pressure in the drum.

If electric sterilizers or heaters of any kind are used, be sure that the electrode is always covered with water, as it will soon be destroyed if allowed to overheat.

HOSPITAL NOISES

The writer has already published an article in this journal on hospital noises, but perhaps a few hints here under the care of the building and equipment might not be amiss.

One of the unfortunate facts is that the more thoroughly constructed the building the more of a sounding board it becomes, so that extra precautions should be made to minimize the noises.

The clicking of the door latches is, perhaps, the most noticeable. This can be prevented by heroic methods and can be minimized by less strenuous means. If all the latch bolts are removed and checking springs provided, each door closes without noise; then a hook handle, elbow high, can be applied to the inside of the door and it becomes easy to open from either side, even with the hands filled. A door holder is, of course, essential.

Where the above treatment is not possible, a simple washable cloth buffer, running from knob to knob around the edge of the door, will prevent the slamming.

Another source of noise is the serving kitchen and sink rooms. First, be sure that the doors are closed, and then handle the utensils gently, not as if you were working in a boiler shop; for rough handling is not only disastrous to the utensil, but is hard

on the patient who must listen to the racket.

Step lightly and advise all visitors to do the same. Wear rubber heels on your shoes. Speak softly.

Rubber or linoleum trackers in corridors greatly lessen the noise of walking.

LIGHTS

The lighting of the patients' rooms by day or night should be carefully studied. Every room should be flushed with sunshine every day that it is possible, for there is no better germicide than sunshine and fresh air; but the shades should be adjusted so that the sun is kept from the patient's eyes. In fact, the head of the bed should be placed toward the outside wall for the same reason.

For artificial lighting a shaded light should be used, so placed that the patient's eyes are shaded. This can be done by a reflecting ceiling light. Lamps of low candle power should be used where possible. It not only saves electric current, but saves the eye strain of the patient. The switches for these lights are sometimes placed on the outside of the room. For local work, a portable bedside light can be used. The key socket should be turned off when the plug is attached; otherwise an arc is likely to form and a fuse be blown. Should the adjustment of lamps chance to blow a fuse, do not experiment and endanger the whole system, but send for the engineer.

A good night shade may be made of an asbestos cone entirely covering the electric bulb, except at the top for ventilation, and at the bottom for illumination.

Iodine forms a harmless soluble compound with phenols, and its affinity for phenol is very much greater than that for living protoplasm, hence its unique value for all forms of carbolic acid poisoning.—*Medical Summary.*

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

III. MENTAL AND NERVOUS FACTORS

INSOMNIA is a very common and often intractable symptom, but disturbed sleep, "sleep start" and troubled dreams also show the lack of circulatory equilibrium in the brain. "Sleep start" is a particularly unpleasant symptom, the patient waking as with a sudden shock, perhaps just as he is falling asleep, frightened, struggling for breath, feeling as if his heart were stopping, and often covered with perspiration. Unpleasant dreams are of frequent occurrence, and several instances in which failing heart action has produced curious symbolic dreams have come to the writer's personal knowledge. In one case the patient dreamed that he was toiling up an Apline height, slowly and with great difficulty, feeling as if, owing to the terrible strain upon his heart, each step might be his last, and chilled to the bone by the intense cold of the atmosphere. On waking, he found the icy chill and feebly struggling heart were part of an attack of heart failure. Another instance shows the strange power of the subconscious mind to draw an impersonal picture of a physical condition. The patient dreamed that she stood looking down upon a cleft in a rocky coast, where the tide crept in at the flood and filled a little bay. The tide was going out, and though each incoming wave struggled hard to fill the little basin, its contents ebbed away little by little. The patient awoke to find her failing heart struggling feebly to maintain the circulation, and for some hours it was an open question whether the vital tide would not ebb completely away.

The delirium and hallucinations met with in the terminal stages of heart disease are not always due to cardiac conditions, but

are often the result of the uremia which is such a frequent complication. Real insanity, however, does sometimes break out in the progress of valvular disorders, even during the stage of compensation. Osler urges the remembrance of this fact upon those having the care of such patients, for his experience has been that they are liable to develop suicidal tendencies. He has twice had patients throw themselves from windows under such circumstances.

Psychotherapy is a term which only came into general use a few years ago, but it means merely the mental treatment of disease, and its methods, aside from hypnotism and formal suggestion, have been practised from the beginning of time. The method known as "persuasion," which consists of the iteration and reiteration of reassuring statements to the patient, is one of the most powerful therapeutic agencies possessed by the physician or nurse. Encouragement and a cheerful atmosphere about a patient, hope and optimism on his own part, will in every kind of illness produce an incalculable effect for good, and in disorders of the circulatory system, where mental and nervous conditions affect the prognosis to a greater degree than in almost any other form of disease, aside from disorders of the nerves themselves, they are of paramount importance. The nurse who will be most successful with cardiac cases is one who appreciates these facts and can put them into practice; who can maintain a serene and optimistic attitude, make the most of every encouraging sign, and influence her patient and those about him toward hopefulness and self-control.

Occasionally one meets with a case where

a little judicious frightening is an actual necessity, the patient being incredulous regarding his condition, and not inclined to obey orders with respect to the restriction of his activities. A man fond of social diversion was told by his physician that he must avoid physical exertion, as he had a form of heart disease that was liable to cause his death by sudden dilatation. The patient, having no symptoms that caused him serious inconvenience, thought the doctor an alarmist, and his restrictions unnecessary; the result was that a few weeks later he fell dead without warning, while dancing at a ball.

The majority of people, however, when they learn that they have an affection of the heart, take by far too dark a view of their situation. The patient who, on being informed that he shows signs of valvular disease, immediately gives up all his ordinary activities and interests, assumes an invalid attitude and devotes himself to the observation of his symptoms and the anticipation of an early death, is certain to produce an intensification of unfavorable signs, and will probably hasten the very result that he fears. Medical men of the present day, who have learned what wonderful powers of recuperation and endurance are possessed even by badly diseased hearts, and who know the remarkable effects that may be produced by either fear or hope, are chary of giving an unfavorable prognosis in such cases, and the nurse who takes charge of such a patient should exercise the same care in avoiding the expression of any fears she may entertain regarding the outcome of the case. Whether the patient shall be told the whole truth with regard to his condition depends entirely upon circumstances, and is a question for the physician to settle; patients who attempt to extract information on the subject from their nurses should be referred to the doctor, with the statement that neither diagnosis nor prognosis comes within the nurse's province. Whether or not such patients are fully aware of their

condition, their great needs are the same—reassurance and encouragement and protection from mental overstrain and emotional excesses.

The great fear of the patient with a cardiac disorder is usually that of sudden death. In angina pectoris, aortic disease and some forms of myocardial degeneration, this danger is always to be apprehended, but in most heart affections the patient may be assured that such a fear is groundless. In the cardiac neuroses, where the symptoms referred by the patient to the heart itself are apt to be more pronounced than in organic affections, positive assurance may be given to the patient that in spite of the abnormal sensations that force themselves upon his attention, he is in no danger whatever, and in some cases this is the only treatment necessary. In well-compensated valvular affections, the knowledge that the subject may, if he lives a life of tranquility, moderation and self-restraint, hope for many years of fairly good health and unimpaired usefulness, will do much to promote the maintenance of compensation; and where the condition has become more serious, "we can often with certainty reassure the patient that with suitable treatment the suffering will to a great extent disappear, and that though the organic trouble may persist, with intelligent management there is good ground for hope of a fair restoration to health." (Mackenzie.) Even where there can be no restoration to actual health, the assurance that there is reasonable hope of a certain degree of improvement will unquestionably work toward that end; and the knowledge that in many cases apparently worn-out hearts have rallied in a remarkable manner, and performed their functions fairly well for considerable periods of time, may, by imparting the tonic of hope, turn the scale that is wavering between life and death. In all of these cases, the nurse's opportunities for administering encouragement are far greater than the physician's, as

she is with him constantly, instead of merely for a few minutes daily. In many instances the patient's family also need the same comforting assurances, not only for their own satisfaction, but in order that they may reflect them in their intercourse with the patient, who is usually quick to read anxiety in the faces about him. Some one near to the patient should always be acquainted with the dangers of his condition, but for the sake of all concerned the brightest side of the situation should be the one dwelt upon.

Formal suggestion is seldom required in nursing, but it may be remembered that encouraging statements made persistently and emphatically just before a patient falls asleep, or when he is in a relaxed and receptive condition, are supposed to affect that unknown quantity, the subconscious mind, more strongly than what is said to him when his reasoning mind is more fully awake.

It is not always easy to secure the intelligent co-operation, either of the patient or of his family in protecting him against the evil effects of mental and emotional stress. Invalids who will carefully refrain from any form of physical exertion will often allow themselves to give way to fits of anger or unrestrained grief, or brood continuously over some subject of anxiety or regret. It must not be forgotten that illness greatly reduces the power to control either thoughts or emotions, but the patient should be made to understand that to a certain degree his gain or loss in health depends upon himself,

and the manner in which he stands guard over his emotions. He may find self-restraint difficult at first, but it grows easier with practice, and the refusal to be betrayed into anger and the putting aside of sources of annoyance may become almost automatic, while such new interests and diversions as may be devised for him will aid in banishing dark thoughts and anxieties. The cultivation of whatever form of religion or philosophy most appeals to one is the greatest aid in reconciling him to irremediable evils.

There is no one who sees more of the discomforts and incompatibilities of family life than the nurse, and too often the sources of a patient's emotional disturbances are not in his own lack of self-control and tendency to fear or worry, but from thoughtlessness, absence of restraint, and selfish demands on the part of those about him. Here tact and good management on the part of the nurse mean everything to the patient's welfare, and she must be constantly on the alert to stand between him and all causes of friction or anxiety. His family should be made to understand very clearly the danger to him from all mental or emotional stress, and a strong effort should be made to secure a united front in shielding him from annoyance and worry, and in planning the conduct of the household so as to provide for him the greatest possible amount of comfort, mental as well as bodily. Where no amount of tact will avail to avert some source of discomfort, there should be no hesitation in laying the matter before the attending physician.

Numerous free dispensaries are being opened in many places in the South for the cure of the hookworm disease. The treatment is simple and safe. It consists of a morning dose of salts, followed by an all-day fast, then 30 to 60 grains of thymol in capsules at bedtime, and salts again the next morning.

—*Medical Summary.*

The Nursing of Children

MINNIE GOODNOW AND ZULA PASLEY

CHAPTER IV

FEEDING

PREPARATION of Food—Whatever food is used should be prepared with exactness and scrupulous cleanliness. Reliable measures should be provided and used. Bottles should be washed immediately upon being emptied, with boiled water, or that known to be pure. All utensils used in the care or preparation of the food are best boiled once in twenty-four hours. Almost the only appliances needed are an eight-ounce graduate, a small cream dipper, and a glass tube bent into a U-shape, to be used as a siphon. A large bottle or ten small ones will be needed for keeping the food.

The sort of nursing bottle does not matter particularly for a very young baby, except that a straight bottle without a neck is more easily kept clean. The nipples used should be short, as the usual type goes too far back into the baby's throat. The nipples should be washed immediately after using, and kept in a solution of boric acid. They may be boiled on alternate days, as too frequent boiling ruins the rubber and makes the nipple collapse.

Modified Milk—This is the nearest approach to human milk which is obtainable, providing it is properly prepared. In this country we use cows' milk as a foundation, though it should be remembered that it is a food which Nature intended for calves, creatures much coarser in structure and more rapid in development than human babies. It is in itself too strong and too coarse a food and must, therefore, be considerably diluted and modified to be digested. In a general way, cows' milk contains more proteid, less fat and less sugar than human milk.

In the few cities where Walker-Gordon laboratories exist, and where there are physicians familiar with the laboratory preparation of milk, one naturally takes advantage of these thoroughly scientific facilities, but usually it becomes necessary for the nurse to make a home modification. If her teaching and experience in this work are deficient, she should, at any rate, familiarize herself with the theory of it. The books by Holt and by Fischer give much help. Rotch is considered an authority. Cotton and DeLee are very useful, also Friedenwald and Ruhrah, in their book on "Dietetics."

A formula should not be expressed in terms of "milk," "cream," etc. Milk may mean whole milk, skimmed milk, or something between the two. Cream obtained by skimming a pan is one thing, that taken from a bottle is another, and that separated by a machine is still another. Insist upon an exact specification of what sort of milk and cream is to be used.

Holt's formulæ read something as follows:

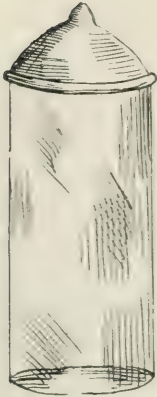
10% milk (or 7% milk).

Milk sugar.

Lime water.

Boiled water.

The milk sugar may be bought of almost any druggist, but one should buy a standard make in its original package, rather than purchasing in bulk. Cane sugar is preferred by some doctors, and if this is used the quantity required is less. Lime water may be made at home or bought at the druggists. If home made, care should be taken to filter it thoroughly through cotton, as any particles may be harmful.



NURSING BOTTLES

Ten per cent. milk means the upper third of a bottle of milk which has stood for four hours or a little more. Seven per cent. milk means the upper part of a bottle which has stood for four hours or a little more. This top milk cannot be obtained by pouring it from the bottle, but must be removed by a small cream dipper or a siphon. There are good cream dippers to be bought in the stores or any tinsmith can make one from a wire and a semi-circular piece of tin. The siphon may be glass or simply a rubber tube.

Several devices are available which simplify the mixing of modified milk. The Estrans "Materna" graduate glass, holding sixteen ounces, has seven sides or panels, upon six of which are marked the exact amount of each constituent for any given modification. The six different formulæ are supposed to be used successively, as the baby grows older and requires a different food. Dr. Westcott, of Philadelphia, has devised a chart with two revolving disks, so arranged that by turning the disks the relative quantities of each ingredient are shown.

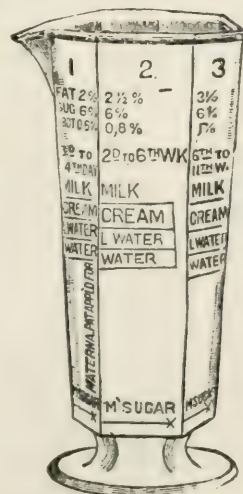
Preparation of Modified Milk—The milk sugar should be dissolved in hot boiled water; if the solution is not clear, strain it through fine cloth or absorbent cotton. To this solution may be added the lime water, boiled water and milk, one at a time, stirring well. It is wise to scald all utensils just

before using, to be sure of their cleanliness. If the milk is not to be pasteurized or sterilized, it should be put immediately into sterile bottles, large or small, as the case may be, corked with absorbent cotton and placed immediately upon the ice.

It is best to prepare a quantity sufficient for twenty-four hours. Ten feedings will be required for a young baby and fewer for an older one. The quantity in each bottle will be prescribed by the physician, and varies from two ounces for a young baby to ten or even twelve ounces for a year-old child. If the entire quantity is placed in one large bottle, it should be shaken each time before any is taken out.

Always heat the milk to blood temperature before giving it to the baby. This should be done by setting the bottle in warm water, never by pouring the milk into another vessel. The temperature of the milk should be tested by pouring a few drops on the back of the hand.

Sterilization—If the milk is ordered sterilized, it may be done by setting the bottles in a deep pan of water and boiling for one-half hour, then placing immediately upon ice. Sterilized milk is rarely ordered nowadays, as it is claimed that complete sterilization kills the ferments which are needed



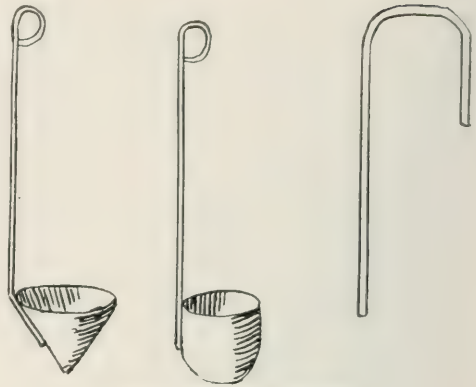
MATERNA GLASS

to insure proper digestion, literally "taking the life out" of the food.

Pasteurization—This is commonly practised, as the process kills most of the harmful germs without destroying the ferments. In order to accomplish it, the milk must be heated to about 160° F. and kept at that point for about one-half hour. This is best done by means of a special apparatus, but may also be accomplished in a fairly satisfactory manner, if a thermometer is used, and the process carefully watched. Unless milk has been handled with the greatest of care, *i.e.*, is "certified" milk, it is wise to pasteurize it.

Clean Milk—Much has been written and said about wholesome milk and the proper care of it. The old-fashioned dairy will soon be a thing of the past and the modern sanitary one will be the only thing tolerated. It is well known that milk is more easily contaminated than almost any other food, and that germs of all sorts grow in it very readily. It therefore needs the utmost care, both of cows, stables, utensils, milkers' hands, etc. The best dairy farms employ methods copied from the operating room and maintain a cleanliness which is practically surgical. Besides this utter cleanliness, the milk must be cooled rapidly and thoroughly to prevent the growth of any bacteria which may still be in it.

The general condition of the cow from which the milk is obtained is obviously important. Cows are specially prone to tuberculosis, and should be tested often enough to make sure that it is not developing. The Holstein cow is considered the best for producing milk for babies, as this breed of cow is less prone to disease than others, and the milk, while somewhat less creamy, contains more proteid. The Jersey is not thought to be a good cow for obtaining milk for babies. Milk from a herd of cows is better than that from an individual, as it is less likely to vary from day to day, and any peculiarities are less noticeable.



DIPPERS AND SIPHON

Special Preparations—*Peptonized milk* is sometimes ordered when the child's digestion is feeble. This may be done with the so-called "peptonizing tubes," or with peptongenetic milk powder. In either case, exact following of the printed directions is necessary. Prepared by the *cold* process, only a partial peptonization takes place, but this is sufficient in most cases, and the milk is rendered more palatable than when it is done by the aid of heat. Peptonized milk is usually only prescribed as a temporary food. Parents should be informed that it must not be continued more than a few months without expert advice.

If the child is inclined to constipation, *oatmeal water* or gruel or *oat jelly* may be used to dilute the milk instead of boiled water. Oatmeal is decidedly laxative in its action, but the exact amount to be used must usually be determined by experiment with each individual case. If made from oatmeal, the meal should be soaked over night in cold water. If from rolled oats, this is unnecessary. In either case the oat preparation should be put on in cold water and heated gradually, then allowed to cook slowly for an hour or more. After thorough cooking, it is to be strained through fine cloth while still hot. It should be thick enough to jelly when it becomes cold. This jelly or gruel should be kept on ice until it is used. If less laxative effect is desired,

oatmeal water—simply a thin jelly—may be used.

If there is a tendency to diarrhea, *barley* or *rice water* may be used with the milk. Rice water is made much as oatmeal water is, by a thorough cooking of the grain. Barley water may be made in the same way, but it is usually more convenient to make it from barley flour (Robinson's is the best), using a tablespoonful to a pint of boiling water, and cooking for twenty minutes.

Barley gruel alone may be prescribed temporarily when milk does not agree. This should be made thick. *Beef juice* is sometimes given with it, in the proportion of ten drops to an ounce of barley gruel for a very young baby, to a teaspoonful per ounce for an older child. This combination is very

satisfactory in cases of dysentery or cholera infantum.

Whey is sometimes prescribed, especially with premature babies or with those whose digestion is weakened by disease. It may be given alone or have cream added to it. To make it, heat one quart of either whole or skimmed milk to 100° F., remove from the fire and add two drams of essence of pepsin or liquid rennet, stirring only enough to mix well. This will coagulate the casein of the milk into the form of a curd, which when cool may be broken up with a fork. The whey is the fluid which remains and contains the more easily digested constituents of the milk. If cream is ordered given with it, the rennet enzyme must first be killed by heating to a temperature of 150° F., but it must not be allowed to go over 155° F.

HOT BATHS AND PNEUMONIA

In a medical journal the procedure and the results obtained by the above method are described. The body is completely immersed in water at 40° or 42°, and to prevent cranial congestion a napkin soaked in cold water is applied to the head. Two baths of ten minutes' duration are given daily. After the bath the patient is quickly dried, wrapped in a coverlet, and returned to bed, where he rests for from half to one hour, after which a flannel shirt is put on till the next bath. The baths produce a sensation of intense heat, with accentuated pulse, and respiration accelerated even to the point of marked dyspnea. After leaving the bath the sensation of heat lasts for at least an hour, the patient sweats profusely, and generally finds this period even more disagreeable than the bath itself. Thus the method is painful, but the results are excellent. The general condition improves rapidly, particu-

larly in adynamic cases. Delirious patients are rendered quiet, and the sleepless obtain sleep soon after the bath. The urinary flow is increased, the tongue becomes moist, and the temperature comes down after from three to five baths. At the same time the pulmonary condition improves, dyspnea is lessened, expectoration is easy, bronchial breathing quickly diminishes and disappears, and redux crepitations appear sooner than in cases treated by other methods.

The method is unsuitable for children, because of the pain caused by baths at so high a temperature, and the risk of bringing on convulsions. Such baths are indicated in all congestive bronchial disorders, whether bronchitis, broncho-pneumonia or pneumonia, and the earlier they are given the better are the chances of quickly cutting short the disease.

Clinical Studies with Nervous and Mental Patients

LUCY C. CATLIN, R.N.

V. FEEDING

THE subject of feeding is a most important one, as has been mentioned in previous papers. Nervous patients suffer from neurosis of the stomach, and have an idea that certain foods cannot be taken without causing distress. They have limited themselves in quantity and kind of food until the intake is scarcely sufficient to sustain strength, to say nothing of building up. The nerves and brain are underfed, consequently the manifold nervous symptoms are present, the patient is peevish, unreasonable, selfish and generally disagreeable to every one. We have the vicious circle which leads from nervous disorder to insufficient food, and back again to nervous and mental instability. Nothing can be accomplished until this circle is broken up, so the nurse must start with the food question, after the doctor has eliminated all possible or probable stomach disorder which is serious or organic.

First of all, food must be prepared and served in a wholesome, appetizing way. It must be plain and nourishing, combined in such a way that the patient can find no legitimate fault with it. Unlike other patients, the taste cannot be consulted only in a minor degree, for the moment you begin to allow him to discard this article or that because it does not just suit his fancy, or he thinks it does not agree with him, you are instituting trouble for yourself, and doing your patient no good. His improvement depends upon the intake of wholesome, nourishing food in sufficient quantities, and he *must* depend upon the nurse's judgment and the doctor's prescription, instead of his own appetite and whims. If you eliminate

every possible objection to quality, quantity, variety, combination and service, you can rightly urge and insist upon your patient's eating. In regard to the matter of taste, it is hardly just to insist upon his eating an article of food which he never has eaten, or for which he has an especial distaste, yet be sure he is honest in expressing the dislike, and not finding a way out of taking food.

These matters having been attended to, then comes the nurse's tact to induce the patient to eat. Patience, persuasion and perseverance are the three "p's" which lead to success in feeding, and force should not be used until they have utterly failed. What was said about the nurse's success in the management of her patient, in the daily care, bathing, treatment, etc., is true also in the matter of feeding; he soon comes to realize that he is expected to eat what is set before him, that it is a part of the regular routine of the daily treatment. Often, threatened force will lead patients to eat voluntarily, and many times, in cases of catatonia, aboulia, or states of excitement and depression, it is necessary to put the food in their mouths, a spoonful at a time, thus performing the act of feeding for them. However, if it is possible to get them to take it voluntarily, it is better for the re-educational effect.

Having succeeded in putting the food into the patient's mouth, he must proceed to the next act himself, which becomes reflex as well as voluntary, unless inhibited by his mental state. If negativism is too strong or delusions too persistent, he will not chew or swallow solid food and it is useless to

attempt to make him. Fluids must then be substituted, as the nurse may be able by a little force, as well as persuasion, to succeed in getting the patient to take enough to tide over the time of resistance. Milk and eggs are the standbys in full or partial forced feeding, for they contain the food elements necessary to build up the tissues and supply energy without overtaxing the digestive organs with too much waste. It must be remembered, however, that milk and eggs are not sufficiently supplied with mineral salts and sugar, so the addition of these elements is important when fluid diet is continued for any length of time.

Milk and eggnog should supplement the diet of a patient who eats sparingly at the regular meal, and should be pushed in all cases where building up and gain in weight is essential. Too much cannot be said in favor of milk and eggs as the substantial articles of diet in these cases. They have the advantage of being in liquid form and so more readily given; as stated above, they abound in the necessary food elements, and it is possible to slip into the eggnog two eggs without the patient's knowledge, and give him more real food than he is aware of. Many a patient owes his life, as well as his nervous and mental stability, to these two articles of food, and continues the use of them after complete recovery, to insure good health.

Forced feeding by the stomach or nasal tube will not be discussed here, for this is the doctor's responsibility, but forced feeding by means of the feeding cup is the nurse's work, and must be resorted to if patients continue to resist taking food voluntarily. Armed with eggnog in a pitcher, at least a pint in quantity, a long-nosed feeding cup, towel and enough persons to hold the patient and give the food successfully, the task can be accomplished. If he persistently keeps his mouth closed, take advantage of a moment when he is talking or shouting to give him a mouthful of the life-giving fluid,



NURSE MAKING EGGNOG

and when he begins the operation of swallowing, keep him busy by supplying a steady stream. The act of swallowing will be more easily kept up if there is no break in the flow of liquid. It may be necessary sometimes to hold the nose in order to produce deglutition, but never leave him until you are sure he has nothing left in his mouth to dispose of in any other way than by swallowing. Water and medicine may be forced in the same way.

Just the manner of procedure in forced feeding cannot be described, because each patient presents a different problem which must be met in a common-sense way, that experience will teach. Be careful that he does not spit in your face, or over himself or the bed, more than is possible to prevent, and use care not to spill the contents of the feeder on the patient or bed, thus making him uncomfortable and yourself extra work, to say nothing of the extra linen.

A few words of caution must be given. Guard carefully dishes, knives, forks or other things that are put on the tray, for such things are easily used as weapons or secreted to be used for evil purposes later. A violent or dangerous patient should not be allowed to handle dishes, and nothing but a spoon should be placed on the tray for use in feeding. You cannot tell what moment

such a patient may snatch the nearest object to throw, and destruction is sure to follow, if not injury to some one. It is folly to place a daintily set tray before a very disturbed patient; indeed, it is more than folly—it is dangerous. He should not be allowed to touch cup or dish, for if he does not throw it he will empty its contents where they are not wanted, to say the least. In giving medicine to nervous and mental patients, do not allow them to take the glass; insist upon holding it yourself and with tablets or capsules make sure they are swallowed before leaving. Never put medicine on the dinner tray for them to take voluntarily, or leave it in the room; it is the nurse's responsibility to see that medicine is taken in the proper way and time.

One thing a nurse must learn in handling these patients is that she must keep a constant vigil; the best of them will bear watching. If there is great depression or a suicidal tendency, do not leave a patient alone while eating. He need not know that you are watching him, if you tactfully make some excuse to sit in the room during the meal. Not only does he need watching to prevent accident, but to encourage, urge and, perhaps, insist in the disposal of the meal.

Patients can and must be fed, so let no nurse lose heart in the good cause. You may not always be successful, but let that not discourage you; only persist with patience, persuasion and perseverance and the results will be your reward.

Obesity

MARY E. CLARKE

Boston, Mass.

"WHAT shall I do to lose weight?" is a question put to nurses even more often than to physicians, as it is a common trouble, not only associated with our patients, but frequently with others in the household where one may be nursing.

Obesity is a condition associated with a large abnormal amount of fat, and is dependent on metabolism. In certain families heredity seems to play a part in causation. Females are more commonly affected, especially around the climacteric period. It is more frequently seen in those leading a sedentary life.

One of the most common causes of obesity is over-indulgence in food and drink, and here the advice of the nurse is valuable. She should know the caloric value of the most common foods, and be able to warn

against those most likely to give additional flesh. Fats and carbo-hydrates are the most responsible. Fats are taken into the system and deposited as such, and carbo-hydrates are organized first and the fats are left. Articles of diet taken and converted into fat above the caloric value needed will result in storing fat up in the body. The storehouses are the cheeks, sub-cutaneous tissues, neck, arms, hips, breasts, and the abdominal wall and omentum. Internally, it is stored in the liver and around the heart and may produce disease of these organs.

Obesity is bad when associated with acute diseases. It is a well-known fact that a thin, wiry person will stand more often-times than a fat person who is the picture of health.

The old method of treating obesity was

by sweating, purgation and absence of food. This often succeeded in reducing the flesh, it is true, but also weakened the patient and made her unfit for her daily duties. The new method is by reducing the caloric value of the food injected. It is not good practice to reduce weight suddenly. In young persons, slightly above the average, don't reduce weight, but regulate and fix the diet so as to keep about that weight. If a person is very large, often it is not advisable to reduce the weight too much, because there is danger of producing hernia, gastropnoxis or enteropnoxis, dislocation of the kidney, etc.

You cannot reduce local fat by massage, and you may rupture blood-vessels, cause abscess and fat necrosis. Turkish baths are of some use, but the reduction of weight is probably by loss of a certain amount of water from the system. The only scientific way of treating obesity is by regulation of the diet. Reduce the amount and quality. Advise enough exercise so that there will be sufficient demand for increased calories to use the fat up.

Proteins should be increased and as much as 120-150 grams may be given. Carbohydrates should be diminished, as they are easily oxidized and cause fats. Fats should, of course, be cut down. The caloric value should be much reduced, if possible. The average person consumes about 3,000 calories per day. Reduce this to 1800-2000 calories. Limit the amount of water, especially that taken with meals. Alcohol in any form or amount should be excluded. Salt should be eliminated to favor the disappearance of any edema.

The articles of diet to be recommended

are as follows: Lean meats, fish, eggs, small amounts of bread and potato, well masticated. All green vegetables that grow above the ground are good. Strong meat broths with the fat removed may be given. Fresh fruit without sugar and pickles and condiments in moderate amounts may be used. Coffee or tea should be taken without cream or sugar. Lemonade may be given with very little, if any, sugar.

The foods to be avoided are—butter, fats of all kinds, sugar, pork, sausage, salt fish. Macaroni and vegetables growing under the ground should be taken very sparingly. All liquors and cream forbidden. No candy should be allowed.

Exercise should be advised. Walking is the best, two or three miles a day, if it does not tire too much. Can begin gradually and increase a little each day. Housework is one of the best exercises for reducing flesh, on account of the various postures assumed while working. Gymnastics, horseback riding, golf and tennis are all good as circumstances permit. A cold bath in the morning is very beneficial. Vichy waters, cathartics, etc., are no good unless the diet is regulated.

Certain drugs, especially ~~thyroid extract~~, will make a fleshy person grow thin, but are not good practice, and of course do not come under the nurse's domain. They should never be used by a person suffering from obesity without a physician's recommendation, and even then the heart and kidneys should be carefully watched for any bad effects.

One or two pounds a week are sufficient to lose, and should cause the patient to feel much better without any signs of weakness.

Gleanings from Medical Literature

Hysteria

Of affections of the nervous system, perhaps there is none less understood by the generality of nurses than is that known as hysteria. To many the term is associated with no other meaning than that the subjects of the condition are little, if at all, better than shams, and that the more they are scoffed at and the more harshly they are treated the better. How wrong such indiscrimination is can only be fully recognized by those who have through careful observation come to look upon hysteria as an affection the many forms of which require as careful treatment as many diseases in which gross structural changes are detected in some organ or organs. Such cases require the most opposite kinds of management, and no one can help the patient more than the nurse can. A patient properly understood and managed may quickly be put right, while one misunderstood and wrongly managed may be made a chronic invalid.

Nothing but a wide experience of such cases can possibly guide one as to the best plan to adopt in any particular instance, for while firmness, even severity amounting to harshness, will answer in one case, it may utterly fail in another. All hasty snapshism and loss of patience is useless, nothing but a dignified firmness can possibly effect anything with these patients. As has already been hinted, the very reverse of this form of management is necessary in some cases, and kindness and a certain amount of sympathy, which from the patient's relatives and friends would be absolutely detrimental, become beneficial agents in the hands of medical men and nurses when judiciously used. Which ever

form of treatment is adopted in any particular case should be supplemented by as much encouragement as possible, any improvement, however slight, being made much of, and held out as a reason to expect rapid and complete recovery.

I have seen obstinate cases, which had resisted every form of treatment, get perfectly well when something they thought would do them good was done. So that it is well sometimes to find out whether there is anything which the patient's own feelings suggest as likely to do good, and to show much enthusiasm in adopting it.—J. S. Russel, M.D. in *Nursing Notes*.



Milk-Egg-Acid Mixture

In discussing the diet of tuberculosis patients in the *Medical Record*, Dr. John F. Russel, outlines the plans used at the Thompson Street Dispensary, New York, at which a preparation of milk and eggs and hydro-chloric acid is given to patients who live at home or work at their ordinary occupations and report each morning and evening at the dispensary:

"Beginning with the second week, the milk-egg-acid mixture is begun. Both men and women drink a quart of this mixture at the dispensary daily, a pint at the morning hour and a pint at the evening hour. In addition the men carry home and drink during the day a quart of milk, to which has been added four drachms of dilute hydrochloric acid, and the women one pint of milk, to which has been added two drachms of hydrochloric acid. This extra milk is employed until the patient develops plastic effusion, when it is stopped. The milk-egg-acid mixture, one quart, which is taken at

the dispensary, is continued until the end of treatment.

"Preparation of the Milk-Egg-Acid Mixture—At the dispensary two eggs are beaten, strained and mixed with sufficient milk to make one quart. To each quart of this mixture four drachms of dilute hydrochloric acid (U. S. P.) are added and stirred until thoroughly mixed. The mixture is then bottled and put in the ice chest. The appearance of the curd varies. The warmer the milk and egg mixture when hydrochloric acid is added, the thicker the curds. The curds are, therefore, sometimes thicker and more noticeable than at others, but are always soft, rather fine and in no way disagreeable to drink. The taste of raw egg is much improved by the acid. When hydrochloric acid is added to milk it is, of course, largely combined by the various constituents contained therein, and as some free acid is necessary in order to activate rennet zymogen, the proper amount to be added is of moment. The amount given above was adopted after long experimentation, and has not been changed since June, 1909."



Exterminating Pediculi Capitis

The method described has been used by the author for twelve years past and is as follows:

The patient is laid on her back on the bed with the head over the edge, and beneath the head is placed a basin on a chair, so that the hair lies in the basin. A solution of 1 to 40 carbolic acid is then poured over the hair into the basin and sluiced backward and forward until all the hair is thoroughly soaked with it, especial pains being taken as to the nape of the neck and the scalp above the ears. At the end of ten minutes by the clock the hair is lifted from the basin and left to drain a short time, after which the whole head is swathed turban-wise in a thick towel or a large piece of common house flannel and left for an hour. The hair may

now be washed, or simply dried, for at the end of this period every pediculus is dead and also every ovum, as they will not hatch if left on the hair. Relapse will not occur except through fresh exposure, and unless there be some complicating impetigo no further treatment will be necessary.

The author considers the method perfectly safe for all children of five years or older, and says that if this were made the routine treatment of "dirty heads" in the schools he thinks the frequency of the disease would be greatly diminished.—A. Whitfield, M.D., in *The Lancet*.



The Medical Treatment of Appendicitis

The following is an earnest plea for great conservatism, as opposed to the prevailing and, as I believe, erroneous judgment of frequent operations almost as soon as the diagnosis is made. The rules of medical treatment given by me are, in my opinion, eminently judicious and safe, but especially so for all travelers in localities in which experienced surgeons and modern hospitals are not found.

Rest on back in bed. Liquid food; enemas of warm water and sweet oil to move the bowels. (Mix oil with yolks of egg, add water and stir.) Use plenty of oil—6 to 8 tablespoonfuls not too much. Give enemas with fountain syringe (preferably) or Davidson's syringe, with the patient on the left side, near the edge of the bed, the knees drawn up; retain the enema a little while, unless there is much griping or increased pain. In that case let the enema come away and repeat later. Give from a pint to a quart, or more, of liquid with each enema, to wash out the lower bowel thoroughly. It is desirable to attach to the metal or hard rubber tube of the syringe a short soft rubber tube about six inches long and half-inch calibre, for enemata. Before introducing the tube into the bowel see that the air is expelled and that liquid is coming out of tube.

Apply locally over the belly warm flannels wet and wrung out with alcohol and water (one part alcohol, three parts warm water). Cover the wet flannel with rubber tissue. When the flannel is dry wet it again with alcohol and water.

Give codeine tablets, grain 1-10, every two hours until the pain is notably less; then less frequently.

There must be no transport from the bed or sitting up, so long as pain in the belly continues, and even if there be little or no fever.

Give cracked ice and the best brandy for nausea or weakness, a teaspoonful frequently. Give the best and most nutritious liquid foods, *i.e.*, strong broths or milk alternately or mixed together. Of these, one or more ounces every two hours should be given, when prostration is present. These would preserve life for many days.

Operation is absolutely forbidden during the acute period, unless a good surgeon is present and the conditions for operation are favorable. In the vast majority of cases a "cure" will be established in several days. Later on, in the interval or quiescent period, operation may be indicated, when the patient seems practically well, except for the experience of the acute attack. Operation may be done then at home or in a modern hospital.—*Beverly Robinson, M.D., The Medical Record.*



Deterioration of Nitro-glycerine

Tablets

The deterioration of nitro-glycerine tablets is such a serious matter that the attention of the profession should be directed to it.

This drug is never prescribed except in urgent cases, and it is very disconcerting to learn that many of the tablets on the market are so old that they contain practically no nitro-glycerine at all.

A man's life may thus be lost. Perhaps the manufacturers could take steps to pre-

vent this danger by placing a date upon the sealed packages, and if physicians use it in this form they must be sure that patients get perfectly fresh preparations, which have been kept in hermetically sealed glass retainers. We are quite certain that the failure to get results from this drug, is due to the fact that the patient did not get enough to have any physiological effect whatever. It is one more instance of the absolute necessity for knowing that our patients get exactly what is prescribed. A few manufacturers have been warning against using anything except fresh tablets, but they should set a date, beyond which the tablets are worthless.—*American Medicine.*



Relief of Obstinate Hiccough

After thorough cleansing of the *prima via*, mechanical pressure on the diaphragm would seem to be a reasonable procedure. With this end in view Kanngiessen (quoted in the *Prescriber*) administered 5 grams of citric acid, and immediately afterwards an equal quantity of sodium bicarbonate. The hiccough ceased at once, and the patient had several hours' sleep before the annoying symptom returned. Joedicke has the patient draw up both legs so as to be fully flexed at the knees and hips, holding them pressed hard against the abdominal wall, so as to push the viscera as far as possible up against the diaphragm. He has seen this method give immediate relief in every instance of several cases.



Angina Pectoris

Of the modern remedies for this condition Clifford Allbutt recommends as most efficacious the high-frequency current and Metchnikoff's lactic acid bacillus. Baths and massage should not be prescribed in any urgent stage of the disease. Patients should be warned not to swallow quickly, or to bolt large morsels.—*Medical Standard.*

Editorially Speaking

The Spirit of Florence Nightingale

There is nothing the nursing profession needs at this time so much as a double portion of the humanitarian spirit of Florence Nightingale. Each year there is impressed upon those of us who have the interests of the sick of all classes deeply at heart, that we are losing something out of the very heart of nursing—something we cannot afford to lose—something that made the pioneer nurses of the profession beautiful and greatly to be desired. Florence Nightingale was an educator and an organizer, but she was something more. Back of all her organizing work and her educative work was the intense love for humanity. Without this, however great her work might have been, it could have had but a passing interest. Had there been any suspicion that she was working for power, prestige, or to gain personal control along any line, her name would not have become immortal.

The fixed fee, the refusal of cases over and over again because the patient can not reach a certain price, the over-emphasis given to the matter of dignity, the rigid limitations as to nurse's duties, the thousand and one things which have crept into nursing in recent years, are all so foreign to the spirit of the great founder of modern nursing that one cannot help wondering sometimes what Florence Nightingale herself would think could she return to earth and see and hear some of the things which are done in the name of "nursing" and under the guise of "high standards of nursing." She would probably hear much talk about educational standards and ideals, but when it came to standards of service—well, she might be surprised and mystified. She surely would be

grieved. Not that there is not a tremendous amount of quiet, whole-hearted service going on, for there is. But that the nurses who are rendering this patient service at the bedsides of the sick seem no more to be the representatives of "the nursing profession."

Perhaps in the gradual evolution all the changes and the extremes which have been reached are necessary, but we are hoping for a return to "normal conditions"—when the nurses who are doing the actual caring for the sick, when the superintendents who are training their pupils to be womanly women as well as good nurses, will be regarded as the real representatives of the profession. It is surely a travesty on the real spirit of nursing that a report of a woman's suffrage parade which was sent for publication across the Atlantic should contain the statement that "*all the important nurses marched in the parade,*" the inference being that nurses who stayed by the bedsides of the sick in hospital and home were no longer "*important.*" In spite of all the indications of progress in the nursing world, there is great reason for anxiety and grave concern when such an ideal is put before the young nurse of today by one who poses as a leader in the profession.

What shall it profit how high our educational standards and ideals may be if they are not given practical expression in meeting the needs of humanity—all classes of humanity? What shall it profit if we train highly skilled nurses for the rich or for the very poor, if we leave the great middle class field to haphazard care? What shall it profit if we keep on reiterating forever and ever, "There is no reason why the middle class should have inferior nursing," when

we ourselves touch not their burdens with the ends of our fingers?

Just as we have seen the evolution of the school nurse, the social service and welfare nurses of various kinds, so we are going to see the evolution of a new type of nurse or of a nurse with a new vision—the vision of the great field of middle-class homes and of her rightful place in that field. We are going to see a new spirit take possession of nurses in regard to this problem. We have no right to ask them to assume the whole burden of the care of the middle class, but when we guarantee them a fair remuneration, we have a right to ask for their assistance and we are going to get it.

What we want most of all to do is to keep alive the spirit of devotion to duty, the desire to go where she is needed most, the intense zeal to promote better care for the sick, which characterized Florence Nightingale. It is easy to eulogize her; to make tablets of this kind and that to commemorate her, but it is another and a different thing to carry her spirit (which, after all, was but the spirit of the Great Physician whose representative she was) into the homes of all classes throughout this country. Her name will not die. But there is grave danger that her spirit may depart from the nurses of today. It is our task to cherish and keep alive that spirit which the world needs as sorely today as it did a half century or more ago.



"Just Pass a Law"

An editorial writer in the *American Magazine* discusses in a recent issue at considerable length the subject of "Laws," what they will do and what they will not. Everybody interested in getting laws passed or in preventing them from being passed, should read the article. Among other things he says: "We expect indefinite miracles from the law. When something happens that we do not like, what is the first thing we say?

There ought to be a law against it. Every time! That is the unconscious tribute we all pay to the queerest, most naive and stupid superstition in a world where all superstition dies hard enough—that all you need to do to stop anything is to pass a law against it.

"No amount of experience, apparently, will free the minds of men from the incubus, the hoodoo of this extraordinary superstition. No matter what the issue! If you want to stop gambling, spitting, combinations of capital or of labor, prostitution, college fraternities, the high cost of living, arson, saloons, monopoly in restraint of trade, the turkey trot, burglary, tipping, walking on the grass—whatever it is, there is only one thing to do—pass a law against it. Then everybody will be contented, everybody will believe that the offense will cease at once, or at least as soon as you have gotten a sufficient number of people in jail. Only get enough laws passed and, above all, if you can only get enough people in jail, you have realized the average man's millennial hopes. . . . Every prohibitive or regulative law we pass merely commits us to the belief in miracles. . . .

"These laws neither repress nor regulate the things they are leveled at. They encourage superstition by pretending to perform the impossible. They curry Puritanism's insatiable and reckless appetite for regulating the morals and manners of other people. Passing a law against a thing is only our collective way of saying '*Let George do it!*' and dodging the discipline of real moral education. . . . 'To act is easy, to think is hard,' says Goethe, accounting for our natural preference for action over thought. It is easy to pass laws; anybody can do that. But it is hard and unpleasant to *think through* the logic of facts that the laws are aimed at. So we fall back on the belief in miracles, and when the miracle doesn't happen, we abuse somebody, or agitate for a more stringent law. Anything to

put off the inevitable day of realization that no amount of legislative action will do duty for *thinking* about these matters—for each citizen doing his own independent observing and thinking and doing a lot of it.

“Perhaps in the end we will fumble around to a brand-new way of dealing with sin and frailty—the way of the loving, gentle prophet of Nazareth. We have tried every other way but that; we have sampled every other social philosophy but His, and haven’t rung many bull’s-eyes yet; His philosophy was the only one that ever did succeed.”

What has it all to do with nursing? Just make the application yourself. Don’t waste all your energies in getting laws passed to prevent this, that and the other person from *nursing*, but save a little energy to put into working out the Golden Rule, which should be above all laws, in nursing affairs. For, after all, nursing is and always has been a very human job, and hard to regulate by any man-made laws.



The National Associations

The week of June 23 was the time chosen for the convening of the three national societies of nurses at Atlantic City, N. J., namely: First Annual Meeting, National Organization of Public Health Nursing, the Nineteenth Annual Meeting of the National League of Nursing Education and the Sixteenth Annual Meeting of the American Nurses’ Association. The beautiful city by the sea was not in an amiable mood at the beginning of the convention, and instead of turning to her visitors her blue waters and her bluer skies, as is usual with her, she was draped in somber gray. But by the middle of the week she thought better of it, and those visitors who had never visited her before had an opportunity to see her at her best. In fact, so lovely was she, that many nurses could not tear themselves away from her attractions and remained after the Convention was over.

The new National Organization of Public Health Nursing seemed to be the most highly in favor; in fact, after the meetings of this association were ended the newspapers gave very little attention or comment to the Convention. This was probably due to the fact that the meetings were open to the public. The good management of the meetings and the popularity of the president were no doubt other important factors. While the large meetings were held at the Steel Pier, numerous smaller meetings and conferences were held in the rooms of the Hotel Chalfonte and the Hotel St. Charles. While this was no doubt necessary, owing to the very lengthy programs of the different societies, it made a division of interest which was somewhat demoralizing. As one nurse expressed it, whenever she attended a meeting in Room 210 at the Chalfonte, she found afterwards that she would rather have been in Room 220 at the St. Charles, or vice versa. But even this had its compensations, for it gave unlimited opportunity to steal away from a meeting and enjoy the attractions of Atlantic City, without being accused of playing truant, for who could tell—you might be attending one of the numerous conferences somewhere else. There were many papers presented, but little discussion, for owing to the difficulty of getting the nurses together at the appointed time, the meetings usually were an hour late in beginning, and this left no time for discussions. The programs were carried out with few changes.

The League for Nursing Education went on record for a 56-hour week for nurses in training, after a minority had contended for an eight-hour day. A little ripple of excitement was caused at one of the sessions, when a delegate made the statement “that if nurses did not look so haggard, worn and plain, the profession would be far more acceptable to college and high-school graduates.” This statement was warmly resented.

Miss Mary S. Gardner, of Providence, R. I.,

was elected president of the League for Public Health Nursing, and Miss Genevieve Cook, of San Francisco, Cal., president of the American Association of Nurses. St. Louis, Mo., was chosen for the next conventions.



A Correction

In our July issue we published an article "Note on the Selection and Use of Disinfectants," by Mr. J. T. Ainslie Walker, in which the product Chinosol was included in the list of disinfectants, when that valuable *antiseptic* should not have been classed in that category. Disinfectants are employed for the purification of cesspools and the complete fumigation of clothing, etc., which have come in contact with an infected situation. Antiseptics are employed upon living beings, both human and dumb, and arrest the development of germs.

It is claimed that clinical and bacteriological evidence shows that Chinosol is as harmless an antiseptic as boric acid, yet more powerful than bichloride of mercury and much more powerful than carbolic acid, that it does not coagulate albumin, that it does no injury to membranes, that it is a most prompt deodorant, yet leaves no smell in the sick room.

We make this statement as a matter of justice to our readers, to Chinosol and to ourselves, as the article by Mr. Walker has already caused a totally incorrect impression.

The statement by Mr. Walker that "a deodorant possesses neither antiseptic nor disinfectant qualities" is certainly inaccurate so far as Chinosol goes, for Chinosol is not only a most powerful antiseptic, but its action as a deodorant is instantaneous. The following letter speaks for itself:

To the Editor of The Trained Nurse:

Referring to my paper on "The Selection and Use of Disinfectants," in the July issue of your publication, I beg to advise that, through an inadvertance, I included "Chinosol" in the list of

disinfectants, not knowing that the manufacturers did not advertise it for use as a disinfectant, but only as an antiseptic, within the definition noted in the article referred to.

I may also say that in giving my definition of a deodorant, I did not mean to say that no deodorant could possess antiseptic properties, but referred to those articles sold as deodorants only.

(Signed), J. T. A. WALKER.



A Question in Tact

The *Nursing Times*, of London, England, a short time ago proposed the following question to its readers:

"A doctor, attending a man laid up in his parents' house, notices that he is obviously irritated and his convalescence retarded by the frequent presence of a well-meaning but tactless mother. Without forbidding her the sick-room altogether, the doctor asks the nurse to arrange for the visits to be reduced to a minimum. How would you act?"

The question is an excellent one for teachers of nurses to offer to their classes. Suppose you think over it and tell us in the Letter-Box what you think you would do, or what success you have had under similar circumstances.



Nurses' Hours and the Law

The working hours of Nurses, and their relation to the law, is a subject which has come prominently to the front during the past few months. In this connection we call attention to the article, "The Working Hours of Nurses," by Mary Anna Goode, which we present in this number. We feel that a majority of our readers will not agree with this article, but we trust all will give it a careful and open-minded reading. It is splendid mental discipline, to read without prejudice the sentiments with which we do not agree. After you read and consider the article, we would like to have your views on the subject. The California Law [recently passed will be found in the *Nursing World* Department.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

American Hospital Association

Have you anything different from other people? If so, let others have the benefit of it.

One of the features of the American Hospital Association Convention, to be held in Boston, August 26-29, is the non-commercial exhibit. It is the fourth year that this exhibit has been held. The original idea was that it should be composed of articles or methods designed or invented by hospital people, doctors, superintendents, nurses, etc., things which should be of practical interest and value to other hospitals. This idea is still the central one.

Exhibits will be welcomed this year, as always, from all classes and conditions of hospitals. The American Hospital Association is cosmopolitan, and includes in its membership not only the officials of great hospitals, but the nurse-superintendents of small, struggling institutions. If, therefore, *you* have an idea or appliance which is a little different from what you have seen in other places, send it to us. There is bound to be a superintendent from some other hospital who will like it and be helped by it. If it is extremely simple, so much the better.

If any nurse has a device which can be packed, or of which a model can be sent, or a method which can be illustrated, which seems to save labor or promote efficiency, whether her hospital be connected with the American Hospital Association or not, let her send it, attaching to it a label or a few words of description. Write concerning it to Miss M. Goodnow, chairman of the committee, at 9 Park Street, Boston, Mass. The parcel should reach Boston not later than August 23.

PROGRAM OF THE CONFERENCE

Tuesday, August 26, 10 A.M., registration and enrollment. Morning session, 11 A.M. Invocation, Rt. Rev. William Lawrence, Bishop of Massachusetts. Address of welcome, the Hon. John F. Fitzgerald, Mayor of Boston. President's address, Dr. Frederic A. Washburn, administrator, Massachusetts General Hospital, Boston. Report of committee on medical organ-

ization and medical education, Dr. Rupert Norton, assistant superintendent, the Johns Hopkins Hospital, Baltimore, Md. Afternoon session, 2.30 P.M., The Relation of Hospital Efficiency to the Efficient Organization for Home Nursing, Mr. Richards M. Bradley, Boston. The Grading of Nurses, Miss Mary M. Riddle, superintendent, Newton Hospital, Newton Lower Falls, Mass. Report of committee to consider the grading and classification of nurses, Charlotte A. Aikens, chariman, Detroit, Mich.

Wednesday, August 27.—Section of larger hospitals in the lower amphitheatre of the outpatient department at the Massachusetts General Hospital. Morning session, 10.30 A.M. Inspection and Standardization of Hospitals, Dr. John Allan Hornsby, Chicago, Ill. Discussion by Dr. Ernest A. Codman, Boston. Record Keeping at the Massachusetts General Hospital, Dr. Byam Hollings, assistant administrator, Massachusetts General Hospital. Report of committee on hospital construction, Dr. John M. Peters, superintendent Rhode Island Hospital, Providence. Small Hospitals' Section at the Copley-Plaza Hotel. Miss Mabel Morrison, vice-president, chairman. Morning session, 10 A.M. How the Small Hospitals May be Made Self-Supporting, Mr. G. W. Olson, superintendent Swedish Hospital, Minneapolis, Minn. Discussion. Ambulance Service for Small Hospitals, Miss Margaret M. Moore, superintendent Jackson City Hospital, Jackson, Mich. Discussion. Afternoon session, 2.30 P.M. What the American Hospital Association Can Do for the Hospitals of America, Mr. E. P. Hawroth, superintendent, The Willows Maternity Sanatorium, Kansas City, Mo. Discussion. The Employment of Third-Year Pupils as Special Nurses, Miss Mary Alberta Baker, R.N., superintendent, St. Luke's Hospital, Jacksonville, Fla. Discussion led by Miss Nora D. Abbe, Samaritan Hospital, Ashland, Ohio. Evening Session, 8 P.M. Round table. 1. How counteract the pauperizing effect of charity hospital services for people who can pay partially or entirely for their care? 2. Is a preliminary

course feasible where the high school standard for admission has not been fully adopted? 3. What are some of the advantages with paid instructors for the lecture course in training schools? 4. What is the most ethical means of advertising small hospitals? 5. Should not the use of typhoid serum be made obligatory in training schools? 6. The employment of nurses in preference to internes, as anesthetists. 7. The social side of training school life. 8. The prevention of disease among pupil nurses. 9. The relation of the hospital to the organized charities of a city. 10. How best secure the loyalty of nurses?

Thursday, August 28—Morning session, 10.30 A.M. Report of membership committee, report of treasurer, report of auditing committee. Report of committee on out-patient departments, Mr. Michael M. Davis, Jr., director Boston Dispensary, Boston. The Hospital and Dispensary and Social Reform, Mr. Sidney E. Goldstein, director, Free Synagogue, New York, Hospital and Asylum Workshops. Some Possibilities of Handicapped Labor, Dr. Herbert J. Hall, Marblehead, Mass. Afternoon session, 2.30 P.M. National Insurance Act as it Affects Voluntary Hospitals and the Medical Profession of Great Britain. The Effects of the Insurance Act on the Hospitals of Germany. Dr. D. J. Mackintosh, M.V.O., medical superintendent Western Infirmary, Glasgow, Scotland. Certain Bearings Upon Hospital Problems of Compulsory Insurance and Workmen's Compensation. Dr. David L. Edsall, Massachusetts General Hospital, Boston. (Subject to be announced.) Conrad W. Thies, Esq., honorable secretary, the British Hospitals Association, Westminster, S. W., England. Evening session, 8 P.M. Session for social workers. Organization of Methods of Social Service as a Part of Hospital Work.

Friday, August 29. Morning session, 10.30 A.M. Report of committee on hospital finances and cost accounting, Dr. William O. Mann, superintendent Massachusetts Homeopathic Hospital, Boston. The Private Patient's Relation to the General Service, Dr. Charles H. Young, assistant superintendent, the Presbyterian Hospital, New York. The Question Drawer, conducted by Dr. R. W. Bruce Smith, provincial inspector of hospitals, Toronto, Ontario. Afternoon session, 2.30 P.M. Report of committee to memorialize Congress to place hospital instruments on the free list. Rev. George F. Clover, chairman, superintendent St. Luke's Hospital, New York City. Report of special committee to outline standard course in hospital administration. Dr. W. L. Babcock, chairman, superin-

tendent the Grace Hospital, Detroit, Mich. Other committee reports. Report of committee on time and place of sixteenth annual conference. Report of nomination committee. Election of officers. Introduction of president-elect. Adjournment.



The Graduate Nurse on Special Duty

In his new book, "The Modern Hospital," Dr. John A. Hornsby, Superintendent of the Michael Reese Hospital, discusses at some length the graduate private nurse—the product of hospital schools, who he does not hesitate to say is proving a disappointment in many respects to the schools, to the homes to which she goes, and to physicians. He dwells at some length on the difficulties which have developed under his own observation, in connection with the graduate nurse on special duty in the hospital. He says, "It may be safely said that a very large proportion of the complaints uttered by patients against the service of a well-regulated institution are either instigated by the graduate nurse or could have been prevented by her. This with the difficulty of maintaining discipline, her resentment of interference at every point and her general attitude toward the hospital and its authorities, he has found to be decided objections to the employment of graduate nurses for special duty. Whether one agrees with Dr. Hornsby or not, he has at least frankly stated his experience and given food for discussion. In trying to overcome these difficulties, he has found the following code of rules helpful, and insists that they should be strictly enforced. There are always two sides to a case, and doubtless the graduate nurse might be able to present something on the other side:

RULES FOR GRADUATE NURSES ON SPECIAL DUTY

Immediately upon entering the hospital, the graduate nurse who has been called for a case, will report to the superintendent of the training school for orders concerning the patient.

Graduate nurses will wear full uniforms when on duty in the hospital.

Graduate nurses will wear rubber heels in the hospital, and will not be permitted to go on duty without them.

Graduate nurses, when leaving the room of the patient at night, will be dressed sufficiently to appear in public.

The graduate nurse will be required to carry meals from the serving room to her patient, and to return the used tray promptly after the meal is over. She will be required to wash whatever

dishes or utensils she has occasion to use, excepting for the regular meals, and to return them to their proper places on the shelves.

Private rooms are swept and dusted once daily, and rugs are cleaned as often as necessary; the nurse will otherwise be expected to keep her patient's room in a clean and orderly condition.

It is an important part of the duty of the graduate nurse to make her patient comfortable, mentally as well as physically, and to see that the patient, relatives, and friends, are pleased with the institution and its service.

The graduate nurse is understood to have entered the service of nursing in the hospital with a full knowledge of its rules in all its departments, and of the technic of all nursing procedure, and to have accepted the responsibility of conforming to them. She will nurse her patients according to the methods of the institution in all its details.

The graduate nurse will take orders for her patient from the medical attendant in the case, or from the interne on the service; if, for any reason, the orders cannot be carried out precisely as given, she will communicate immediately with the interne, or failing to reach him, with the attending physician to have the orders changed. If she cannot reach one of the responsible physicians, she will lay the difficulty before the nurse in charge of the floor, or ward, or the superintendent and thus place responsibility where it belongs, whether on the physicians, or on the nursing representatives of the hospital.

Graduate nurses on duty in the hospital are expressly forbidden to eat in their patient's rooms, or to order any food whatever except for their patient's use.

Graduate nurses will not be permitted to visit in any part of the hospital excepting where their duty lies, excepting with the explicit consent of the superintendent of the training school, in each instance.

Graduate nurses will be expected to report all breakages and damage to hospital property immediately on their occurrence, and to pay for same unless payment is waived, by the superintendent of the hospital in each case. Failure or refusal to pay for same on demand will subject the offender to immediate dismissal from the institution, and she will not again be permitted to nurse in the hospital till the amount has been paid.

The hospital declines to collect fees for graduate nurses and will under no conditions assume any responsibility for same. The institution

business office will at any time be pleased to give the special nurse any information in its possession, concerning the financial responsibility of her patient, but declines to be held responsible for the correctness of said information.

The hospital, as an accommodation, provides board for graduate special nurses on duty there charging the actual cost of same against her patient, but the institution will under no consideration undertake to furnish special diet for nurses on duty.

Repeated or flagrant violations of these rules will subject the offender to dismissal and to refusal of further employment in the institution.



Cost of Rubber Gloves

In most hospitals, small and large, the major part of the work is surgical. In many institutions not over 10 per cent. of the patients are medical cases. The elaboration of surgical technique which recent years have developed and the introduction each year of new improved surgical supplies, has added in no small degree to the cost of managing a hospital. One of the most costly and also the most abused item of surgical materials is the expensive rubber glove, now so universally in demand. Perhaps no phase of the problem of the prevention of waste and abuse of surgical materials offers greater difficulty to the superintendent who tries to check waste and keep down the cost, for so much depends on the care in handling.

A few years ago an operating room nurse who wished to find out whether in the matter of rubber gloves she was managing as economically as other workers in the same line, made an inquiry as to how many new pairs of rubber gloves were required monthly. Fifty hospitals were written to, and the amounts varied so greatly that the information received was of little value. In one hospital which reported an average of 252 operations in a month, but twelve new pairs of rubber gloves on an average were called for. In another, which reported 162 operations as a monthly average, the number of pairs of rubber gloves required was stated at 300 pairs monthly, and there were all sorts of amounts between the twelve pairs required in one hospital and the three hundred pairs required in the other.

Probably so long as human nature and habits are as they are, no satisfactory answer can be given to the question of how many pairs of rubber gloves should be sufficient for an operating room, service averaging a given number of operations in a month. Certainly little, if anything, can be

done to check waste in this direction, unless an accurate count is kept of the number of gloves used in each surgeon's service.

In some hospitals boiling for only two minutes has resulted in decidedly prolonging the "life" of the rubber gloves.

In Mr. Bacon's article in the April magazine some excellent hints are given as to wise purchase. He and many others have found that the heavier gloves last longer and are, on the whole, much more economical than the light-weight gloves.



The Superintendent and the Board Meetings

It is freely admitted that the superintendent knows more about the internal workings of the hospital than any member of the board visiting it at intervals can possibly know. Being at the very center of its work and in touch with all departments, as also with the public, the superintendent can hardly help knowing more than any other person about how the machinery is working. Yet it is passing strange that in connection with so many institutions the superintendent is not admitted to the meetings of the board for the transaction of its business affairs. In speaking on this point at the hospital convention in Detroit, Dr. Babcock, of Grace Hospital, expressed himself as follows:

"I think the mistake is made sometimes when the superintendent takes an offered position of the board of trustees that he does not have a thorough working agreement with the board. I believe that he should attempt in his bargain with the board of trustees to obtain as much power as possible in an executive capacity, as many misunderstandings arise from a lack of understanding at the time of the engagement of the superintendent. Another point, I am thoroughly a believer in the matter of the superintendent always meeting with the board of trustees in their meetings. One of the serious mistakes any board of trustees can make is not to permit the superintendent to meet with them in their deliberations. I can hardly see how a body of business men who sometimes visit the hospital once a month, sometimes once in six months, sometimes not at all, can conduct the executive business that comes to them without the detailed information that the superintendent can impart at the time of their meeting."

As a rule a board composed of men is much more willing to admit a superintendent, whether man or woman, to its meetings than is a board composed wholly of women. The question is why does a board of women wish to bar out of

their deliberations the one best informed about the work they are trying to do?



Vacation Relief Nurses

The arranging for vacations for pupil nurses, in the few months of the year in which classes are not held, is always more or less of a problem for the superintendent of the training school to manage. It is desirable, surely, that all nurses, whether pupil or graduate, have some opportunity to take advantage of the outdoor recreations possible between May and October. Yet, when several nurses are away, the burden necessarily falls heavier on those who "stay by the staff."

This problem has been happily solved in several hospitals by arranging for vacation relief nurses—graduates of the school, or of some other school, who agree to come for periods of two to three months, thus keeping up the full staff during the trying summer months.

There are very few hospitals which could not make such an arrangement, with benefit not only to the service, to the nurses of the hospital staff and also to the graduate nurse, to whom the opportunity to spend a couple of months in the hospital means a chance to brush up her knowledge and keep abreast of the progress being made in methods of treatment.

The expense is but a trifling consideration in the year's budget. Quite often the Women's Auxiliary or guild would be glad to plan to meet the expense if the matter is presented to them.



The Value of a Mirror

It is only in recent years that we have thought that mirrors might have a value in hospital efficiency, and in the conservation of human energy. Where is the woman superintendent who has not inwardly and often outwardly groaned at the sight of a nurse with her cap perched rakishly on one side of her head, and who has not grown weary of saying "Miss Blank, you have your cap on crooked again." At the foot of each stairway in the Nurse's Home of the new Peter Brigham Hospital, Boston, is a large mirror. A writer in the Boston Transcript remarks that "it doesn't need to be argued that each nurse or probationer, as she comes down from her room to go on duty, will look at herself in the big mirror at the foot of the stairs, and if any part of her uniform is awry she is pretty certain to see it and make repairs. The mirrors are large enough to show the whole figure, and as mute inspectors of neatness they are pretty certain to rate 100 per cent. efficiency."

Book Reviews

Preventive Medicine and Hygiene. By Milton J. Rosenau, Professor of Preventive Medicine and Hygiene, Harvard, formerly Director of the Hygienic Laboratory, U. S. Public Health Service. 1074 pages, 157 illustrations. Price \$6.00. For sale by Lakeside Publishing Company.

This work is planned to include those fields of the medical and related sciences which form the foundation of public health work. So far as we know no other book on the subject covers the broad field considered in this volume.

During his twenty-three years of varied experience in public health work, the author has served as quarantine officer, in epidemic campaigns, in epidemiological investigations, and in public health laboratories at home, on the continent, and in the tropics. The fruits of these experiences are reflected in the book, and may be taken as representing his personal views gained in the field, in the laboratory, and in administrative offices.

It is well nigh impossible to prevent or suppress a communicable disease without a knowledge of its mode of transmission; therefore the communicable diseases have been grouped in accordance with their modes of transference. Each one of the important communicable diseases is discussed separately in order to bring out the salient points upon which prevention is based. The classification adopted should prove helpful to those who are especially concerned in the prevention of infection.

The book may be considered in two parts, namely that which deals with the person (hygiene) and that which deals with environment (sanitation). The first part includes the prevention of the communicable diseases, venereal prophylaxis, heredity, immunity, eugenics and similar subjects. The second part deals with our environment in its relation to health and disease, and includes a discussion of food, water, air, soil, disposal of wastes, vital statistics, diseases of occupation, industrial hygiene, school hygiene, disinfection, quarantine, isolation, and other topics of sanitary importance, as well

as subjects of interest to health officers. All the important methods used in public health laboratories are described. The chapters on sewage and garbage are by George C. Whipple, Professor of Sanitary Engineering, Harvard. Those on Vital Statistics, by Cressy L. Wilbur, Chief Statistician, Bureau of the Census, Department of Commerce and Labor. On the Prevention of Mental Diseases by Thomas W. Salmon, Director of Special Studies, National Committee for Mental Hygiene, etc. In concluding his introduction to the book the author says: "It has been my object to give in this volume the scientific basis upon which the prevention of disease and the maintenance of health must rest. Exact knowledge has taken the place of fads and fancies in hygiene and sanitation; the capable health officer now possesses facts concerning infections which permit their prevention and even their suppression in some instances. Many of these problems are complicated with economics and social difficulties, which are given due consideration, for preventive medicine has become a basic factor in sociology." From our point of view this is one of the most important books of the year, equally valuable in the home as well as the institution, and to the individual worker in any field of preventive medicine and hygiene.



A Reference Hand-Book of Gynecology for Nurses. By Catharine Macfarlane, M.D. Gynecologist to the Woman's Hospital, of Philadelphia. Second edition, thoroughly revised. 32mo of 156 pages, with original line-drawings. Flexible leather, \$1.25 net.

The principal changes in this edition pertain to details of technique. Dry sterilization of gloves is described, and the iodine preparation of the skin; the sections on the preparation for and after care of major gynecologic operations have been largely rewritten, and numerous changes have been made throughout the book to conform with the present methods. Additions to the text will be found under cancer of the uterus, vaginofixation and acute gastric dilatation.

(Continued in Publisher's Desk)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Homesteading in Canada

To the Editor of The Trained Nurse:

The above title would have caught my attention wherever seen a few years ago. Now, well I'd go without breakfast to read the dullest of articles on that subject. So some of my friends may not find the prosaic details I am about to set down without interest, and now that women may homestead in Canada, may even follow my example, though they have no husband. For since Canada has granted the right to women, they have gone one better than the U. S. A., and permit four women building and living together, while working out homestead duties, which will, I believe, work a great good to the country, for this Western world needs more women. Nurses are very much needed. One other trained nurse has come here, but as she is a wife and mother, you can readily see that all calls are not filled. Yet I am oh, so thankful she is here, for though I dread the sick room above everything else since the days of my own suffering, yet when an urgent appeal comes, what can you do with no other help near and a *busy* doctor twenty-five miles away. I have found "Betty's" letters most interesting. She puts so much heart into them I am sure those Indians will be better men and women because of her life.

Now as for details of our homesteading. Having learned that there was an open one-quarter section (160 acres) of good land in Township 25, Range 23, West 3d meridian, my husband when on his way to Manitoba, went to the government land office for that district. Swift Current was the town in which it was located. There he paid \$10 and filed on that particular one-quarter (northeast one-quarter), then proceeded with his journey, for he had six months to go. The end of that six months found us facing a very severe winter, and my health not good, so my husband wrote to headquarters and got an extension of six months, that permitted us to go on in spring. So early in April, 1911, we came on, and stayed with a niece and family, seventy miles east of here.

Mr. M. came here, looked over the farm, found it O. K., he rode out from Kinder-

sley with a neighbor and been entertained by another neighbor, whom we had known in Cortland. It was through them we had learned about the farm, and two days later he got back to town with this same friend, stopping on the way to hire a man with an ox team to haul the lumber for building our house. This man hauled one load, then his oxen strayed, so it was five days ere he got the second load over that twenty-five miles. Yet two weeks from the day we parted my husband and I were together in our own home. It's only a little house, 14 x 16, made of boards and building paper, but to me it is beautiful, for it's home and we have such a big outdoors.

We had mail every Monday. Saturday it was brought from Kindersley to Holbeck, nine miles, then to Tuscola, Monday. Now it comes twice a week, and instead of four dwellings within sight of our own we can see thirty-four. Roads have been laid out and though there are yet miles and miles of unbroken prairie, yet there have been miles and miles broken. Homestead duties require thirty acres broken, twenty under cultivation, six months residence each year for three homestead years, and a residence built thereon. Thirty acres of crop is a small affair here, so but few limit themselves to that amount. Steam outfits, teams and oxen have been used to get the land under cultivation.

It is a wonderful experience to watch a country growing as this is, for as in our little corner, so it is all over this Western world. Towns spring up over night. Roads and railroads are being rushed into completion. To me the life is an absorbingly interesting one. But then I never cared for style, and here my halting step is unnoticed and, best of all, we two are here together. Then we have good neighbors.

Mr. MacLean did carpenter work to make expenses the first season and often walked ten or twelve miles besides his day's work. (It was Mr. MacLean's first experience as a carpenter. Manager in a hardware firm had been his business.) We went to California that winter and through friends Mr. MacLean got work at once, and so earned winter expenses, but we had only a fireguard less than two acres ploughed. The

spring of 1912 we got five acres ploughed and seeded to oats. Late in the summer we got fifty acres broken with steam plough. I had raised nine chickens, and found great satisfaction with three hens. Mr. MacLean had stoned half the farm, built a large chicken house and a big barn from sod, raised 20 bushels of potatoes from 1½ bushels planted, and had 1,700 oat sheaves of five acres. I had canned and pickled all sorts of vegetables from our garden, besides supplying our table all summer. In the fall Mr. M. went on a threshing outfit, made over \$80 in a month. During the winter he served as collector of the I. H. Co., and part of the time I ran a club for nine bank clerks in Saskatoon, and here we are on our last turn of homesteading here, for in September we can prove up. We have five horses, twelve hens and dear knows how many chickens, our six acres of oats and fifty of flax is green and beautiful. In a few days more the flax field will be one mass of blue blossoms, and the little green house will look as though in the middle of a blue ocean. We have had radishes, onions and rhubarb from our own garden. I have twelve varieties of wild flowers on the table. Potatoes and corn are ready for second hoeing, three turkey and ten duck eggs hatching, and if we only strike water in the well we are now boring our happiness will be complete.

JEAN MACLEAN.

P.S.—A railroad will surely be in here next year. The date of its coming is unsettled yet. I've been elected president of our Women's Club and our next meeting, July 4, we are holding a picnic at the river, six miles away. Everybody invited. Bring Canadian and American flags.



The Useful Nurse

To the Editor of The Trained Nurse:

There has been so much discussion about the semi-trained nurse that I thought perhaps your readers would be interested in knowing what the editor of a leading Indianapolis daily paper says about the question. I am one of the hospital graduate nurses who believe that the partly trained nurse fills a useful place, often fills it equally as well or better than a graduate. I find it very convenient sometimes to recommend one or two whom I know to take charge of my patients when I have to leave them before they are fully recovered. I am also one who appreciates the splendid magazine you give us every month. I know of no other so helpful and interesting to me.

CAROLINE A. W.

Indianapolis.

The clipping enclosed is as follows:

THE USEFUL NURSE

The dean of a woman's college in New England is quoted as saying recently that it would be well for future home life if young women, not intending to be professional nurses, but to remain in the domestic circle, would take a course of training as nurses. Her argument was that they would be better equipped to meet the emergencies of illness in the household and to care more intelligently for their children.

No doubt she is right to an extent. A certain amount of education in this line would be useful to any woman. Even to learn the importance of surgical cleanliness would be of illuminative value in other lines of household service than the care of the sick, while familiarity with many of the simpler operations of nursing as scientifically conducted might on many occasions in family experience be of practical use, even to the point of saving life, and might often save the necessity of employing expensive outside aid. It is hardly more necessary, however, for a girl who is not to become a professional to take the full course of training than it is for her to become a physician. It should be possible for her to learn in a few months, or a year at most, all that she is likely to find needful.

To do this special classes would probably be necessary and only a limited amount of hospital experience could be expected. This special or condensed training, however, should be possible in a nurses' school connected with any large hospital, and it would be interesting to see it tried in Indianapolis. The projected Long Hospital would afford a good opportunity for trying this experiment.

There is a great field for these semi-trained nurses, apart from the services they can render in their own homes. Many families into which sickness enters are quite unable to bear the expense of a high-salaried nurse. When the wage earner of the household is receiving perhaps but \$20 or \$25 a week himself, it is obviously out of the question for him to pay \$25 or \$30 to a nurse, but he could, perhaps, afford, say, \$5 or \$8 or \$10. Some plan should certainly be devised for providing various classes of nurses, equipped for different grades of duty and serving at moderate rates of compensation. The trained nurse at her best is undoubtedly worthy of her hire, but the many who cannot afford the hire should not be left to depend entirely on domestic resources. Even with the well-to-do prolonged service of the high-salaried nurse is frequently a burdensome luxury



GRADUATING CLASS, KANE SUMMIT HOSPITAL, KANE, PA.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Spanish-American War Nurses

The fourteenth annual convention of the Spanish-American War Nurses will be held at Gettysburg, Pa., September 15-18, 1913, with headquarters at the Eagle Hotel. The following program is announced.

MONDAY

8 P.M.—Executive meeting.

9 P.M.—Informal reception.

TUESDAY

9 A.M.—Business meeting.

2 P.M.—Business meeting.

4 P.M. to 6 P.M.—Informal tea.

WEDNESDAY

Entire day spent in sight-seeing.

Trip to battlefields, via carriages.

1 P.M.—Return to hotel for dinner.

2 P.M.—Continue the visit to battlefield.

9 P.M.—Informal meeting.

THURSDAY

9 A.M.—Business meeting.

HOTEL ACCOMMODATIONS

Eagle Hotel, American Plan

Single rooms, without bath..... \$2.50

Single rooms, with bath..... 3.00

Carriages per day, each person..... 1.00

Guide extra.

The most direct route is via Philadelphia & Reading R.R.



National Organization for Public Health Nursing

The First Annual Meeting for Public Health Nursing was held at Atlantic City, N. J., June 23, 24, 25, 1913. The opening session was held at the Hotel Chalfonte Assembly Room.

PROGRAM

Informal Address—Lillian D. Wald, R.N., president. Address: "Visiting Nursing from a Business Organization's Standpoint." Dr. Lee K. Frankel, Sixth Vice-President of the Metropolitan Life Insurance Company, New York City. Discussion opened by Mary Beard, R.N., Boston, Mass.

2 P.M.—Sun Parlor, Steel Pier. Short Business Session—Miss Wald presiding. Reports of

Officers. Reports of Standing Committees. Reports of Special Committees.

3 P.M.—Address: "The Immigrant." Frances A. Kellor, Chief of National Progressive Service, Late Chief Investigator, Bureau of Industries and Immigration, State Department of Labor, New York City.

Short Papers—Nursing Problems Among the Immigrants.

(a) "How We Have Met the Problem of Food Where School Lunches are Served to Children of Immigrants." Mable H. Kittridge, President Association of Practical Housekeeping Centers and Chairman of the New York School Lunch Committee, New York City.

(b) "Psychological and Neurasthenic Aspects of the Jewish People." Bessie Bloom, Head Worker, Immigration Department, Providence R. I.

(c) "Our Less Familiar Friends from Central Europe." Harriet Mullaney, R.N., Chicago, Ill., and Maud Reeder, R.N., Boston, Mass.

Tuesday, June 24, 10 A.M. Chalfonte Assembly Room.

"Visiting Nursing a Business: How Shall It Be Conducted?" Mr. Cecil H. Gamble, Cincinnati, Ohio.

"Our Boards of Directors." Dr. John Lowman, Cleveland, Ohio.

"Our Executive Officers." Mary S. Gardner R.N., Providence, R. I.

8 P.M. Section Meetings. At hotels.

1. Visiting Nursing—Mary Beard, R.N., presiding.

"Its Place in the Public Health Movement; Its Limitations; Its Relation to Allied Activities." Miss Ada Whyte, R.N., Walpole, Mass. Discussion—Eleanor Greene, Providence, R. I., Mary Grace Hills, R.N., New Haven, Conn., Ida M. Cannon, R.N., Boston, Mass.

"Uniform versus Regulated Dress."—Caroline B. Wilks, R.N., Boston, Mass.

Discussion—Mary A. Jones, R.N., Boston, Mass., Elizabeth Reitz, R.N., Gloversville, N. Y.

2. The Development and Present Status of Rural Nursing—Fannie F. Clement, R.N., presiding.

"Red Cross Rural Nursing and Its Scope."—Fannie F. Clement, R.N., Washington, D.C.

"The Rural Nurse in the Country School."—Agusta M. Reed, R.N., Bernardsville, N. J.

"Rural Nursing Where Sources of Relief Are Unorganized."—Harriet Butler, R.N., Hindman, Ky.

"Rural Nursing in Its Relation to Organized Sources of Relief."—Nellie M. Casey, R.N., Frederick, Md.

- "The Rural Nurse and the Social Worker."—Florence D. Fuller, R.N., Armont, N. Y.
3. School and Infant Welfare Nursing—Lina L. Rogers, R. N. presiding.
 "Infant Welfare in Chicago."—Minnie H. Ahrens, R. N., Chicago, Ill.
 "Infant Welfare in Toronto."—Eunice Dyke, R. N., Toronto, Canada.
 "School Nursing in Cleveland."—Anna L. Stanley, R. N., Cleveland, O.
 "Infant Welfare and School Nursing in New York City."—Elizabeth M. E. Wall, R. N., New York City.
 "School Nursing in Rural Communities."—Sarah Brick, R. N., Toronto, Canada.
 Lantern slides of school nursing work by the Chairman, Lina L. Rogers, R. N., Toronto, Canada.
4. Tuberculosis Nursing—Ellen N. LaMotte, R.N., presiding.
 "A Brief Survey of the Rise and Growth of Tuberculosis Work."—Flora M. Glenn, R.N., Chicago, Ill.
 "The Nurse Under Municipal Direction."—Elizabeth Gregg, R.N., New York City.
 "The Nurse Under State Supervision."—Alice O'Halloran, R.N., Harrisburg, Pa.
 "An Experiment in Diets for Tuberculosis Patients."—Alice Everett Clements, R.N., New York City.
5. Hospital Social Service and Industrial Welfare Work.—Katherine Tucker, R.N., presiding.
 "The Visiting Nurse as Industrial Welfare Worker."—Eva I. Anderson, R.N., S. Chicago, Ill.
 "The Visiting Nurse as a Hotel Welfare Worker."—Mary J. Deaver, R.N., New York City.
 "The Relation of Hospital Social Service to Preventive Medicine."—Ida M. Cannon, R.N., Boston, Mass.
 "The Ideal Hospital Social Service Department."—Adelaide M. Walsh, R.N., Chicago, Ill.
- Wednesday, June 25, 9.30 A.M., Chalfonte Assembly Room.
 Business Session—Miss Wald presiding. Unfinished Business. Report of the Committee on Resolutions. Election of Officers.
- 2 P.M.—Formal Opening of the Convention of the American Nurses' Association.
- 7 P.M., Grand Atlantic Hotel, Informal Dinner and Program.
 Records and Statistics—Miss Stimson presiding. Report of the Committee on Records and Statistics.—Julia C. Stimson, R.N., St. Louis, Mo. "A Plea for Good Records."—Edna L. Foley, R.N., Chicago, Ill. "Specialization versus Generalization in Public Health Nursing."—Austa W. Engel, R.N., Cleveland, Ohio, Mary Beard, R.N., Boston, Mass.
- session with National League of Nursing Education and National Organization for Public Health Nursing—Steel Pier.
 Invocation—Rev. Newton W. Caldwell, D.D., of Atlantic City.
 Address of Welcome—Honorable William Riddle, Mayor of Atlantic City.
 Response and Address—Miss Isabel McIsaac, R.N., Acting President of the American Nurses' Association.
 Address—Miss Mary C. Wheeler, R.N., President of National League of Nursing Education.
 Address—Miss Lillian Wald, R.N., President National Organization for Public Health Nursing.
 Paper—"The Nurse as An Educator."—Miss Adelaide Nutting, R.N.
 Address—"Rural Red Cross Nursing."—Miss Mabel Boardman.
 Social Hour at Chalfonte.
 8 P.M.—Robb Memorial Fund Committee Meeting.
 Nurses' Relief Fund Committee Meeting.
 Thursday, June 26, Steel Pier. 9 A.M.—Meeting of Advisory Council.
 10-12—Business Session for delegates and permanent members only.
 Unfinished Business.
 Report of Delegate to International Council of Nurses', Meeting at Cologne—Adelaide Nutting, R.N.
 Report of Nurses' Relief Fund Committee—Lydia Giberson, R.N.
 Report of Delegate to Infant Mortality Conference Held at Cleveland—Harriet Leet, R.N.
 Report of Robb Memorial Fund Committee.
 Report of Red Cross Nursing Service—Jane A. Delano, R.N.
- 2 P.M.—State Registration Session—Miss Isabel McIsaac presiding.
 General Resume—Mrs. Frederick Tice, R.N., Chicago, Ill.
 "Some State regulation upon the appointment of the faculties of nursing schools, their number, preparation and status."—Miss Annie W. Goodrich, R.N., New York, N. Y.
 "Should there be a national committee on amendments and standards? If so, how should such be organized?"—Miss Mary C. Wheeler, R.N., Chicago, Ill.
 "Is compulsory registration desirable, and how may it be obtained?"—Miss Marietta B. Squires, R.N., Newark, N. J.
 "Future administration of registration laws."—Miss Lucy C. Ayres, Woonsocket, R. I.
 "How should inspection of schools be made?"—Miss R. Inde Albaugh, R.N., Pleasant Valley, Conn.
 "The value of registration to the individual nurse."—Miss Louise Perrin, R.N., Denver, Colo.
 "Co-operation of graduate nurse organization with State registration."—Miss Edna Humphrey.
 "Minimum education standards."—Miss Bertha J. Gardner, R.N., Orange, N. J.
 "Reciprocity."—Miss Mary M. Fletcher, Leesburg, Va.

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American Nurses' Association

The Sixteenth Annual Meeting of the American Nurses' Association was held at Atlantic City, N. J., June 25, 26, 27, 1913. The formal opening was on the afternoon of June 25, and was a joint

- 8 P.M.—Conferences be held at Chalfonte. Red Cross—Miss Jane A. Delano, R.N.
 State Board of Examiners—Miss Martha J. Wilkinson, R.N.
 Post-Graduate Work—Miss Clara D. Noyes, R.N.
 Private Duty Nursing—Miss Ida F. Giles, R.N.
 (a) Private duty ethics—Miss Ann Jones, Des Moines, Iowa.
 (b) Private duty emergencies—Miss Bertha J. Gardner, R.N., Orange, N. J.
 (c) Private duty nurse as a public educator—Miss E. E. Golding, R.N., New York.
 (d) How shall we provide for families with moderate incomes—Miss Wilma Weller, Cincinnati, Ohio.
 (e) How can we keep the private duty nurse interested in current events of the nursing world—Miss Mary A. Moran, R.N., Augusta, Ga.
- Friday, June 27, Steel Pier. 10-12—Paper, "Status of the Nurse in the Working World"—Miss L. L. Dock, R.N., New York, N. Y.
 Paper, "The Nurse and the Public Health"—Miss Lina Rogers, Toronto, Ontario.
 Paper, "Efficiency in the Nursing Profession"—Miss Amy Armour, R.N., New York, N. Y.
 Paper, "The Next Best Thing for the Nursing Profession"—Miss Lottie A. Darling, R.N., St. Louis, Mo.
- 2 P.M.—Presentation by each Chairman of the several conferences, giving all resolutions of importance adopted at the Conferences.
 Report of the Committee on Resolutions.
 Election of officers.
 Adjournment.



New Hampshire

The fifteenth annual graduating exercises of the Claremont General Hospital Training School were held in the auditorium of the Opera house, Tuesday, June 10, at 8 p.m.

A class of ten nurses received diplomas. The address was given by Dr. E. H. Carleton of Dartmouth College and the diplomas were presented by Miss C. Isabelle Dutton, president.

After the exercises a reception was given by the Alumnæ Association to the graduating class and the members of the staff.

The first annual meeting of the Claremont General Hospital Alumnæ Association was held in the lecture room of the Nurses Home, Wednesday, June 11, at 4 p.m.

The following officers were elected for the ensuing year: President, Jessie Anderson Beattie, R.N.; first vice-president, Sibyl Randall; second vice-president, Emily Redman; recording secretary, Mrs. Margaret Scott Ball; corresponding secretary and treasurer, Clara Helena Harvey, R.N.; executive committee: Flora



FIRST GRADUATING CLASS
 HATTIESBURG HOSPITAL, MISSISSIPPI

Forsythe Mann; Mrs. Daisy Lambert Hancock; Miss Una Randall. After the meeting a banquet was held at Hotel Moody.



Vermont

The annual alumnæ meeting of the Graduate Nurses' Association of the Fanny Allen Hospital was held June 10, at the hospital at Winooski Park, Vt.

The following officers were elected for the year: President, Miss Mary E. Sheerhan, R.N.; vice-president, Miss Mary Murrin, R.N.; secretary, Miss Frances A. Dower, R.N.; treasurer, Rev. Fr. Sweeney.

A special musical programme by the junior nurses assisted by Miss Helen Murphy of Burlington, was enjoyed by all. Four new members were received into the society. Dr. C. A. Pease gave an interesting lecture on his recent trip abroad. Rev. R. J. Cahill, D.D., spoke of the nurse's noble calling and her opportunities to do good. Delicious refreshments were served in the grove by the pupil nurses.

Connecticut

The graduation exercises of the class of 1913 of the W. W. Backus Hospital Training School for Nurses, Norwich, were held in the parlors of the Hugh Henry Osgood Memorial Parish House on Tuesday evening, June 10, at 8 o'clock, there being a large attendance. President Williams presented Dr. Edwin A. Down, of Hartford, who addressed the nurses.

President Williams addressed the graduates briefly before presenting the diplomas as follows: to Misses Mary Sweet, Jensine A. Johnson, Georgia D. Philips, Annie P. Allen, Mary M. McDougal, Annie Sutcliffe, Elizabeth A. Denison, Annie L. Page and Raynie P. Stebbins.

The awarding of the prizes for hospital work was one of the features of the evening. Dr. Rush W. Kimball made the presentation as follows: \$10 in gold, donated by Mrs. Hugh H. Osgood for excellence in medical department, to Miss Elizabeth A. Denison; \$10 in gold, donated by Mrs. Charles L. Hubbard for surgical excellence, to Miss Annie Sutcliffe; \$10 in gold, donated by the William W. Backus Hospital for general efficiency and deportment, to Miss Annie Sutcliffe; \$10 in gold, donated by Dr. Edward P. Brewer for anatomy and physiology, to Miss Raynie P. Stebbins.

The class pin presentations were made by vice-president Henry A. Tirrell, and beautiful bouquets of carnations were presented to each of the young lady graduates by Mrs. Charles L. Hubbard as tokens of appreciation for their excellent work at the hospital from the hospital officials. A reception to the graduates was held in the Nurses' Home at the close of the exercises.

Formed in 1908, the Nurse's Association of the William W. Backus Hospital held its annual meeting in the reception room of the Nurses' Home at 3 o'clock Wednesday afternoon, June 11. There were about 40 present including the graduating class of nurses, all honor guests, and the members of the ladies' advisory board. There was a short business session at which Mrs. George E. Prentice, of Danielson, second vice-president, presided. The reports of the secretary and treasurer were received and approved and then followed the election of officers for the ensuing year, resulting as follows:

President, Mrs. Witter K. Tingley; first vice-president, Miss Mary Denison; second vice-president, Mrs. George E. Prentice, of Danielson; corresponding secretary, Miss Lula B. Curtis; recording secretary, Miss Mary E. Moriarty; treasurer, Miss Katherine McKenzie; auditors:

Miss Kathleen A. Dowd and Miss Helen G. Olsen.



New York

The annual picnic of the Alumnae Association of the Syracuse Hospital for Women and Children, was held June 11, 1913, at South Bay. The organization entertained the graduating class of 1913 as is their usual custom.

At the annual business meeting held at the hospital in May, the following officers were elected: President, Miss Hope Williams; first vice-president, Miss Kate Concannon; second vice-president, Miss Alice Weidman; third vice-president, Miss Matie Shanahan; secretary, Miss Julia A. Smith; assistant secretary, Miss Ada Polloy; treasurer, Miss Laura Stevenson.

The thirteenth annual graduating exercises of the Training School for Nurses of the Gowanda State Homeopathic Hospital, were held in the Hospital Opera House, Wednesday evening, June 25. The address to the nurses was by Dr. J. M. Lee, Rochester, N. Y., and the presentation of diplomas by Mrs. Laura K. Larmonth, manager. The hospital orchestra furnished the music. Dancing followed the exercises. The following received diplomas: Amelia Aikins, Annie L. Barnhardt, Florence A. Bement, Euphemia Daly, Viola M. Davenport, Valentine A. Smith.

The name of "The New York City Training School for Nurses," Blackwell's Island, N. Y., has recently been changed to "City Hospital Training School."



New Jersey

The regular annual meeting of the Alumnae Association of the Paterson General Hospital was held at the nurses' home on June 3. The election of officers was as follows: President, Mrs. A. Dunning; first vice-president, Miss Magill; second vice-president, Mrs. Magnat; secretary, Miss Olive Tolton; treasurer, Miss Mary Welch; executive committee: Mrs. O'Neill, Mrs. Todd, Miss Heinrich.

The treasurer's report showed 64 members paid up, and a balance of \$184.88 in the treasury. There have been no sick benefits paid during the year, but an expenditure of \$97.88 for other purposes. Seventeen nurses were elected to active membership and Mrs. Purman, superintendent of nurses, to honorary membership.

The annual dinner to the graduating class was given Tuesday May, 27 at the home. About

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Fall Classes open Sept. 23 and Nov. 19, 1913

Winter Classes open Jan. 7 and Mar. 18, 1914

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutical Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania).

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College).

B. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz } Penn. Orth. Institute.
Edith W. Knight, Elizabeth Jamison }

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fifty nurses participated and an enjoyable evening was passed enlivened with song and dancing.

Commencement exercises of the Hackensack Hospital Training School for nurses were held at Oritani Hall, June 23. Addresses were given by Rev. Arthur Johnson, D.D. and Dr. Thomas N. Gray. Mr. A. V. Moore, president of the board of governors presented diplomas to the Misses Lila Hering, Georgina Hagen, Rebecca Schreck, Anna Scott, Anna Whelly, Anna Lane, and Edna Gurnee. A reception and dance followed the exercises.

At the annual meeting of the New Jersey State Board of Examiners of Nurses, held in Trenton July 17, the following officers were elected for the ensuing year: Re-elected president, Marietta B. Squire, R. N., 275 6th Ave., Newark, N. J.; secretary-treasurer, Jennie M. Shaw, R. N., to succeed Frances A. Dennis, R.N.



Pennsylvania

The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania was held in Lancaster on Friday and Saturday, June 20 and 21, 1913.

There were four sessions, two each day.

The Rev. Dr. C. E. Haupt invoked the divine blessing on the assembly and their work. His Honor, Mr. F. B. McClain, Mayor of Lancaster, made the address of welcome in which he gave us a most cordial and kindly welcome to the city, and hoped that our stay would be so successful and pleasant that we would want to come again. To this Miss Giles made a short response. On the reading of the report of the membership committee there were several new members admitted. A resolution protesting against the use of the nurses' uniform in public and by people who are not nurses, even if done with a charitable object in view, was passed at the first meeting, endorsing a like resolution passed by the Philadelphia Superintendents' meeting some time before. The treasurer's report in the absence of the treasurer, was read by the secretary, and accepted as read. The report of the legislative committee brought forth a discussion on a Training School Inspector, and it was decided as it is the right of the members of the Board of Registration to visit the schools to do nothing for the present.

The report of the delegate to the meeting of the Red Cross in Washington, D.C., December, 1912, was full and very interesting. This was followed by Miss Murray telling us what was

expected of the Red Cross nurse during the Gettysburg Encampment. Miss Bowman's very able paper on nursing in the navy was received with much applause.

Dr. Stahr's address on Social Service, Dr. Miller's address on Nursing and the Medical Profession, and the address of Dr. Alleman on the Mission of the Nurse, were all interesting, and a rising vote of thanks was tendered all the speakers for their interesting and instructive addresses.

To meet the desire of the Association—as was expressed in Erie, November, 1912—to combine the offices of secretary and treasurer and make that office one, some parts of the constitution and by-laws were revised, and Miss Mary S. Sims, R.N., was appointed to fill the office of treasurer made vacant by the resignation of Mrs. Kerr. Friday afternoon after the meeting, the Alumnae Association of the Lancaster General Hospital gave a very pleasant Tea for the delegates and visitors. On Saturday after the afternoon meeting the nurses were given a most enjoyable automobile ride of a couple of hours. The officers, delegates and nurses appreciated to the fullest extent the kindness and courtesies extended to them.

The commencement exercises of the graduating class of the Warren State Hospital Training School for nurses were held Thursday evening, June 26, in the chapel room. Ex-judge Lindsey, of Warren, Pennsylvania, delivered the class address. Hon. O. C. Allen, of Warren, Pennsylvania, president of the board of trustees, presented the diplomas. There were eighteen graduates: Florence Avery, Alys Cripps Bentz, Pauline D. Stannard, Dorcas Irene Moore, Ruby Luella Pettigrew, Gladys L. McQuisten, Ethel Priscilla Jones, Mary A. Reinsel, Ella Ardelia Passenger, Sara M. Fausnaught, Nelle Virginia Bowers, Grace Elizabeth McClouskey, Inez Eleanor Smith, Rose Madeline Geary, Nina E. Setley, Lillian Henrietta Walsch, Sylvester B. Nodler, Ernest Edward Hoskins. The class of 1913 was the largest ever graduated from the Warren State Hospital, and I might say one of the best. Since Amy R. MacClaran has taken charge of the Training School, she has put forth every effort in advancing the standard of the school.

June 18—The Junior Class of the Warren State Hospital gave a lawn party in honor of the graduating class. The lawn was tastefully decorated with the class flower (the daisies), Japanese lanterns and gay bunting. The program for the evening consisted of music and recita-

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tions. The class history and prophecy were read, causing much amusement. Dr. H. W. Mitchell, Superintendent of the Warren State Hospital, addressed the class extemporaneously, in his usual happy style.

Refreshments were served on the lawn, while near by was a tent, occupied by a gypsy fortune teller who was called upon from time to time to unfold the future to those not included in the prophecy of the class of 1913.

June 20—Mrs. Amy MacClaran and Harriet H. Baird, gave a picnic in honor of the class of 1913.

June 23—The Alumnae of the Warren State Hospital gave a dinner and dance on the hospital island in honor of the class of 1913.

The State Board of Examiners for Registration of Nurses held their examination at the Warren State Hospital, Warren, Pa., June 11. Fifteen nurses took the examination.

Ella Lee Leightner, graduate of the Warren State Hospital, resigned her position at the hospital to take up post graduate work at the Magee Memorial Hospital, Pittsburgh, Pa.

The thirteenth annual commencement exercises of the training school for nurses of the Nason Hospital were held in the auditorium of the Roaring Spring High School Thursday evening, June 26.

Dr. W. Albert Nason, superintendent of the hospital, introduced the speaker of the evening, Hon. William D. B. Ainey, of Montrose, Pa., who made a very splendid address, taking as his subject, "Success." Rev. E. L. Eslinger, of the Methodist Church, presented the diplomas to the following graduates: Blanche Lucy Hite, Newry, Pa.; Martha Agnes Burket, Duncansville, Pa.; Cora Rebecca Long, Frankstown, Pa.; Flora Viola Miller, Wolfsburg, Pa. After the exercises a reception was held at the hospital.

Friday evening, June 27, the Alumnae Association held their annual reunion and dance.

Saturday morning a business meeting was held at the hospital, at which the following officers were elected for the ensuing year: President, Miss L. Mabel Coleman, Everett, Pa.; vice-president, Miss Blanche Hite, Newry, Pa.; secretary, Miss Martha Burket, Duncansville, Pa.; treasurer, Miss Harriet Stover, Altoona, Pa. Executive committee: Mrs. W. A. Nason, Roaring Spring, Pa.; Miss Sara Gordon, Bedford, Pa.; Miss Margaret Gilliland, Johnstown, Pa.

The following resolutions were adopted on the death of Mrs. Mayme Fink Rowe, Class of 1908, and Miss Florence Belle Riddell, Class of 1912. Miss Riddell's death was due to scarlet fever contracted from a patient:

WHEREAS, It has pleased our Heavenly Father in His infinite wisdom to remove from our midst by death, within the past year, Mayme Fink Rowe, and Florence Belle Riddell,

RESOLVED, That we desire to express our sincere sorrow in their death, and extend to their families our heartfelt sympathy. Be it further

RESOLVED, That these Resolutions be entered on the Minutes of the Association.

(Signed) MARGARET GILLILAND,
OLIVE M. BAYER



North Carolina

The North Carolina State Nurses' Association held its tenth annual meeting in Asheville, May 27-30. The sessions were well attended and thirty-nine new members were admitted for membership, all registered nurses. The meeting began with a most pleasing and enjoyable program, planned by the Asheville Nurses' Club. The welcoming address was delivered by Mr. N. Buckner, Secretary of Board of Trade of Asheville. In welcoming the nurses to Asheville, Mr. Buckner paid an eloquent tribute to woman, and to the woman who embarks in the battle of life as a nurse in particular. The response was made by Miss Eugenia Henderson, Charlotte, who in a few well chosen words, thanked the citizens and Asheville nurses for their cordial reception and said the association was always glad to meet in the mountain city and had proven this, as this was the third time the association had met there during the ten years of its existence. Miss Mary L. Wyche, Durham, presided in the absence of the president, Miss Cleone Hobbs, Greensboro.

The papers read by members of the association were beneficial and enjoyable. Dr. Alexandria's paper, "Eugenics," was particularly instructive. She thinks this new science should receive careful study. Since its teachings have been neglected so long, every one should be aroused to do his or her part toward decreasing the ever increasing army of defectives. It was our pleasure to have with us, Miss Lydia Holman, president of the Holman Association, who delighted her audience with a paper on "Rural Nursing." Too much cannot be said in praise of this instructive paper. Miss Holman mentioned the opportunities for humanitarian and educational work found in the rural communities would appeal to nurses who enjoy country life and people who are interested in social and public health movements.

The following officers were elected: Miss



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AZNOE'S CENTRAL REGISTRY for Nurses which is the largest, oldest and most reliable Nurse's Registry in America, will place you in a desirable position if you are a graduate nurse with institutional experience.

We receive daily many requests from hospitals for nurses with experience.

If you are a competent nurse desiring to secure a good position, write today for FREE booklet fully explaining the efficient service we render nurses registered with us.

Aznoe's

Central Registry for Nurses
501-503 E. 34th Pl., Chicago, Ill.

Cleone Hobbs, Greensboro, president; Miss Mary L. Wyche, first vice-president; Miss Rose Batterham, second vice-president; Miss E. Mary Williams, Davidson, secretary; Miss Hattie Lowery, Wilmington, treasurer.

Miss Lois Toomer, Wilmington, with Miss Eugenia Henderson, Charlotte, alternate, was chosen delegate to the American Nurses Association. The meeting closed Friday noon, May 30. At 3 p.m. the nurses in a body left Asheville in autos to visit the nurses' Black Mountain Home. This home is one of the accomplishments of the State Association and of which the nurses are justly proud. It is intended to be a place where a tired or ill nurse may go at a nominal cost and feel at home. It is maintained by the State Association. The board of managers was selected from the various local associations (seven)—and each bedroom bears the name of the association furnishing it. The few hours spent here were very enjoyable, giving the nurses an idea of the beauties and possibilities of this home, also furnishing pleasant "gossip" to take home to the members not fortunate enough to be present.

Mrs. Archer and Miss Lavina Evans gave a delightful reception at Craigmont Sanitarium. A delicious course of sandwiches, ice cream and tea was served which the nurses enjoyed while a "name" was being discussed for the home. Dunn Wyche to be used "Dunnwyche" for two nurses instrumental in furthering and advancing the standard of nursing in North Carolina, seemed to meet with more favor than any names submitted for consideration. This however, was not decided, but left to the discretion of the local associations. The place of meeting for 1914 was not decided.

The graduating exercises of the seventh commencement of the St. Leo's Hospital Training School, Greensboro, were held June 24 at the hospital, six young ladies receiving diplomas as trained nurses.

In addition to the more than ordinary interest which always is attached to the graduating exercises of the splendid training school at St. Leo's, the event this year was featured by several extraordinary facts which caused it to attract unusual attention.

The graduating class was honored in having one member possessed of the almost unique distinction of three years' attendance at the school, an absolutely perfect record. Miss Swannie Barker had this distinction. Her record showed

perfect in every respect, regarding attendance, deportment, efficiency, lessons and, in fact, everything that could be counted.

The other important feature of the graduation was the winning by Miss Marjorie Fnell of a certificate for anesthesia, she being the first woman in the State of North Carolina to receive such a certificate.

The members of the graduating class are Miss Marjorie Fnell, Miss Ester A. Farrell, Miss Annie T. Riley, Miss Swannie Barker, Miss Mary Fockelman and Miss Sadie Galiger.

The first event of the evening was the meeting of the Alumnae Association of the school, which was held in one of the reception rooms of the hospital. It was the best attended meeting in the history of the association, representatives of each class that has graduated from the school being present.

The meeting was presided over by the president of the association, Dorothy Hayden, and many members from out of town were present.

Miss Hoke read a remarkable paper, reporting a most interesting case of a burned child.

The election of officers resulted as follows: President, Miss Lula Patterson; vice-president, Miss Annie Revely; secretary and treasurer, Miss Elizabeth Tate. After the election the meeting adjourned until September.

After this meeting came the usual annual banquet for the graduating class, the Alumnae and the members of the training school, which was held in the spacious dining rooms of the hospital. The delightful dinner was followed by the regular graduating exercises of the school.

Following the exercises was a beautiful reception to the alumnae, the graduating class, the members of the school and the guests present.



Kansas

The first annual commencement exercises of Montgomery County Hospital Training School for Nurses were held in the Christian Church, Independence, Friday evening, June 27. The exercises were opened with prayer by the Rev. Mr. Bassett. Dr. J. T. Davis, president of the board, conferred the diplomas, and Stella Alencon Shipley, superintendent of the hospital, the hospital pins. Prof. C. S. Risdon made the address of the evening. There was also a fine musical program. The graduates are: Miss Marguerite Lorraine Mattice, Miss Eva Lydia Walters, Mrs. Dora Bates White.

Cooling, Wholesome, Convenient

When the heat of Summer makes the sick-room of the weary fever patient seem almost unbearable, there is real "consolation" in a glass of iced

INSTANT POSTUM

with a little lemon juice and the faint, agreeable aroma of just a "rub" of the lemon peel along the edge of the glass.

There is simple goodness and comfort derived from this delightful, refreshing drink.

Cream may be added—which blends evenly with the liquid postum—and a little sugar, if the attending physician sees no objection to the sugar

Instant Postum is made of clean, hard wheat (including the bran-coat, with its valuable mineral content, the phosphates) and a small percentage of New Orleans molasses which is changed into "caramel" in the process of roasting.

This famous health beverage, free from caffeine or any other drug, is, in every way, ideal for the sick-room.

It is quickly, conveniently and uniformly prepared by placing a teaspoonful of

Instant Postum

in a cup, and adding a little *hot* water which dissolves the powder instantly; then add cold water and cracked ice, and flavor as above. This forms a real "oasis in the desert" of the fever patient, Doctor. Suppose you suggest it to the nurse.

The *Clinical Record*, for Physician's bedside use, together with samples of **Instant Postum**, **Grape-Nuts** and **Post Toasties** for personal and clinical examination, will be sent on request to any Physician who has not yet received them.

POSTUM CEREAL CO., LTD., BATTLE CREEK, MICH., U. S. A.

Nebraska

The Andrus Hospital and Esthers Hospital of Lincoln, Neb., held their first graduation for nurses, June 12, in connection with the twenty-fourth annual commencement of Cotner University, Bethany, Neb.

The theoretical training of the nurses of these hospitals is given by the medical and surgical staff of Cotner University Medical College.

The address to the class was delivered by Dean E. L. Rouse, A.B. of the Peru Normal School, Peru, Neb. There were several musical numbers and the chancellor Wm. J. Oeschger, addressed the class and presented the diplomas. The exercises were held in the University Christian Church, at Bethany, Neb. Following the exercises, the Ladies' Council of the university gave a luncheon to the class and their friends. The pins were presented by Antoinette V. Merselis, R.N., superintendent of the Andrus Hospital.

The Esthers Hospital graduates were as follows: Sarah A. Bowen, Carrie L. Bowman, Alma Corey, Mabel Doher, Mattie Dudden, E. Georgia Kavan, Emma Schoenleber.

The Andrus Hospital graduates were: Hazel I. Merrill, Elnora B. O'Halloran, Nell E. Pettit, Ethel Williams, Augusta Papenhagen.



Montana

The Board of Nurse Examiners will hold examinations in Butte, July 21. At that time the board will pass on all applications of nurses eligible for registration without examination.

The Montana State Association of Graduate Nurses will hold its annual meeting in Butte, July 22 and 23.



Colorado

The third annual graduating exercises of the Beth-El Hospital Training School for Nurses were held at the First Congregational Church, Colorado Springs, June 25, with Mr. William Lennox, chairman of the advisory board, presiding. There was a musical program of unusual excellence, and scripture reading by the Rev. W. W. Ranney; prayer by Rev. J. H. Spencer; address by Bishop McConnell, D.D., L.L.D.; Administration of the Florence Nightingale Pledge and presentation of the class, Betty H. Gardner, superintendent of nurses; conferring of diplomas, Mrs. A. C. Peck; presentation of the class pins, Mrs. W. W. Flora. The graduates are: Elaine Gullette, Eunice M. Higgins, Laura May Price, Julia Ray Work. Class motto, *Voto*

Vita Mea; Class flower, red rose; Class colors, green and white. On the Sunday evening previous to the graduating exercises the Baccalaureate Sermon, was preached by the Rev. Merle N. Smith at the First Methodist Episcopal Church.



California

St. Winifred's Hospital, San Francisco, Cal., held its graduating exercises for the Class of 1913, Tuesday evening, June 3.

The following nurses were presented with their graduation pins and diplomas: Misses Anna N. Olsen, Christine J. Scott, Clara L. Blood and Nettie P. Wright.

Dr. Winslow Anderson, chief surgeon of the hospital, delivered the address to the graduates.

AN ACT TO AMEND AN ACT ENTITLED "AN ACT LIMITING THE HOURS OF LABOR OF FEMALES EMPLOYED IN ANY MANUFACTURING, MECHANICAL OR MERCANTILE ESTABLISHMENT, LAUNDRY, HOTEL OR RESTAURANT, OR TELEGRAPH OR TELEPHONE ESTABLISHMENT OR OFFICE, OR BY ANY EXPRESS OR TRANSPORTATION COMPANY; COMPELLING EACH EMPLOYER IN ANY MANUFACTURING, MECHANICAL OR MERCANTILE ESTABLISHMENT, LAUNDRY, HOTEL OR RESTAURANT, OR OTHER ESTABLISHMENT EMPLOYING ANY FEMALE, TO PROVIDE SUITABLE SEATS FOR ALL FEMALE EMPLOYEES AND TO PERMIT THEM TO USE SUCH SEATS WHEN THEY ARE NOT ENGAGED IN THE ACTIVE DUTIES OF THEIR EMPLOYMENT; AND PROVIDING A PENALTY FOR FAILURE, NEGLECT OR REFUSAL OF THE EMPLOYER TO COMPLY WITH THE PROVISIONS OF THIS ACT, AND FOR PERMITTING OR SUFFERING ANY OVERSEER, SUPERINTENDENT, FOREMAN OR ANY OTHER AGENT OF ANY SUCH EMPLOYER TO VIOLATE THE PROVISIONS OF THIS ACT," APPROVED MARCH 22, 1911.

The people of the State of California do enact as follows:

SECTION I. An Act entitled "An Act limiting the hours of labor of females employed in any manufacturing, mechanical or mercantile establishment, laundry, hotel or restaurant, or telegraph or telephone establishment or office, or by any express or transportation company; compelling each employer in any manufacturing, mechanical or mercantile establishment, laundry, hotel or restaurant, or other establishment employing any female, to provide suitable seats for all female employees and to permit them to use such seats when they are not engaged in the active duties of their employment; and providing a penalty for failure, neglect or refusal of the employer to comply with the provisions of this Act, and for permitting or suffering any overseer, superintendent, foreman or other agent of any such employer to violate the provisions of this act," approved March 22, 1911, hereby amended to read as follows:

To
BUILD
UP

To
BRACE
UP

To
TONE
UP

Supplied in 11-ounce bottles
only—never in bulk.

Samples and literature sent upon
request.

Prescribe original bottle to avoid
substitution.

In ANY form of DEVITALIZATION
prescribe

Pepto-Mangan (Gude)

Especially useful in

ANEMIA of All Varieties:

CHLOROSIS: AMENORRHEA:

BRIGHT'S DISEASE: CHOREA:

TUBERCULOSIS: RICKETS:

RHEUMATISM: MALARIA:

MALNUTRITION: CONVALESCENCE:

As a GENERAL SYSTEMIC TONIC

After LA GRIPPE, TYPHOID, Etc.

DOSE: One tablespoonful after each meal.
Children in proportion.

M. J. BREITENBACH COMPANY
New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request.

A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

SEC. 1. No female shall be employed in any manufacturing, mechanical or mercantile establishment, laundry, hotel, public lodging house, apartment house, hospital, place of amusement or restaurant, or telegraph or telephone establishment or office, or by any express or transportation company in this state more than eight hours during any one day or more than forty-eight hours in one week. The hours of work may be so arranged as to permit the employment of females at any time, so that they shall not work more than eight hours during the twenty-four hours of one day, or forty-eight hours during any one week; *provided, however*, that the provisions of this section in relation to hours of employment shall not apply to nor affect the harvesting, curing, canning or drying of any variety of perishable fruit or vegetable, nor to graduate nurses in hospitals.

SEC. 2. Where a female is employed in the same day or week by more than one concern or employer in any establishment or occupation named in section one of this act, the total time of employment must not exceed that allowed per day or week in a single establishment or occupation. It shall be the duty of the employer to make diligent inquiry as to such previous or other employment of such female employee elsewhere and as to the hours of such employment.

SEC. 3. Every employer in any manufacturing, mechanical or mercantile establishment, laundry, hotel, or restaurant, or other establishment employing any female, shall provide suitable seats for all female employees, and shall permit them to use such seats when they are not engaged in the active duties of their employment.

SEC. 4. The bureau of labor statistics shall enforce the provisions of this act. The commissioner, his deputies and agents, shall have all powers and authority of sheriffs or other peace officers, to make arrests for violations of the provisions of this act, and to serve all processes and notices throughout the state.

SEC. 5. Any employer who shall permit or require any female to work in any of the places mentioned in Section 1 more than the number of hours provided for in this act during any day of twenty-four hours, or who shall fail, neglect, or refuse to so arrange the work of females in his employ so that they shall not work more than the number of hours provided for in this act during any day of twenty-four hours, or who shall fail, neglect, or refuse to provide suitable seats, as provided in Section 3 of this act, or who shall permit or suffer any overseer, superintendent, foreman or other agent of any such employer to violate any of the provisions of this act, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished for a first offense, by a fine of not less than twenty-five dollars nor more than fifty dollars; for a second offense, by a fine of not less than one hundred dollars nor more than two hundred and fifty dollars; or by imprisonment for not more than sixty days, or by both such fine and imprisonment. All fines imposed and collected under the provisions of this act shall be paid into the state treasury and credited to the contingent fund of the bureau of labor statistics.

Marriages

On June 23, at Cadillac, Mich., Anna K. Manuel, Class of 1906, Ruthvian Hospital Training School, St. Louis, Mo., to Egbert Veneklas. Mr. and Mrs. Veneklas will reside in Cheyenne, Wyoming.

On June 3, 1913, at Ossian, Iowa, Miss Helen Wagner, graduate of St. Francis Hospital, La Crosse, Wis., Class of 1909, to Mr. Joseph Dockendorf, of La Crosse, Wis. Mr. and Mrs. Dockendorf will reside in La Crosse, Wis.

On April 17, at Jeffers, Mont., at the parsonage of the Mountain View Methodist Episcopal Church, the Rev. G. D. Wolfe, officiating, Miss C. Annie Laurie, formerly superintendent of the Murray Hospital, to Mr. J. Spencer Watkins.

Mrs. Watkins came to Montana about four years ago. After appointment as night superintendent at Murray Hospital, she was made superintendent, a position she held until one month ago. Mrs. Watkins was prominent in the organization of nurses in Montana and was elected president of the State Association.

Mr. Watkins has for many years been prominent as a Madison Valley rancher.

Mr. and Mrs. Orman A. Sibley announce the marriage of their daughter, Corinne, to Mr. Allen James Hurlburt, on Wednesday, the 18th of June, at Fredonia, N. Y. Mrs. Hurlburt is a graduate of the Class of 1913 of the Methodist Episcopal Hospital Training School for Nurses, Brooklyn, N. Y. Mr. and Mrs. Hurlburt will make their home at Johnson City, Tenn.

On June 14th, at Vancouver, Washington, at St. James Cathedral, Miss Margaret Mary McCloskey, to Mr. Patrick Thomas Murphy. Mr. and Mrs. Murphy will be "At Home" at 509 Ingals Street, Vancouver.



Births

On June 15, at Unionville, Conn., a son to Mrs. D. C. Payne. Mrs. Payne was formerly Miss J. C. Horan, Class of 1908, St. Francis Hospital, Hartford, Conn.

*Nursing World continued in Advertising
Department*

"She Who Nurses One Must Nourish Two"

Prolonged lactation usually reduces the power of the mother to provide adequate and proper nourishment for her infant.

The value of a liquid product of Malt and Hops (when properly prepared) to increase not only the amount of milk but especially the fat content, is universally recognized.

But it **must be** a real medicinal preparation of Malt and Hops, not a cheap dark beer, masquerading as such.



It should be

ANHEUSER-BUSCH'S
Malt-Nutrine
TRADE MARK

which is the STANDARD MEDICINAL MALT preparation of its class.

MALT NUTRINE is a liquid food-tonic—not a beverage.

It is the product of skill and experience in the chemistry of brewing.

Malt Nutrine is intended for Physicians' Prescriptions.

It stimulates appetite, improves digestion, nourishes the tissues, and increases the quantity and quality of milk.

**Pronounced by the U. S. Internal Revenue Department a
PURE MALT PRODUCT
and not an Alcoholic Beverage.**

Sold by all druggists.

Anheuser-Busch

-:-

Saint Louis.

Visitors to St. Louis are cordially invited to inspect our plant.

New Remedies and Appliances

Hughes "Ideal" Hair Brush a Necessity

It is becoming generally known that there is now a brush on the market which will absolutely take out the tangles in the hair. The Hughes "Ideal" hair brush is generally used by nurses and patients, and is a great boon in this respect. This brush has a rubber cushion and stiff India bristles of the most penetrating kind, and absolutely reaches the scalp.

There is a special offer made by the manufacturers in the advertising section for nurses, and they should take advantage of this offer, as they will find it of wonderful assistance in untangling badly matted hair.



Comfortable Catharsis

As a rule the more efficient the cathartic the greater the discomfort to the user. The gripping and nausea following the older cathartic pills and fluid preparations are well known, and need no one to bring the pictures before the mind. In Prunoids, however, we have an exceedingly pleasant remedy that is as surely effective as it is devoid of unpleasant effect when its action has been secured. The removal of intestinal obstruction after excessive eating, or from sluggish, incompetent peristaltic action of the bowel, is one of the delightful and prompt offices of Prunoids. The cathartic action is secured in six or eight hours, and the evacuations are not only remarkably complete, but entirely painless. The feeling of relief and comfort is pronounced, and there being no unpleasant after-effects, patients welcome the remedy with decided satisfaction. There is usually a slight but decided aperient action following the cathartic action, which lasts several days, and tends to promote permanent regularity in the movements of the bowels. This is somewhat different from most cathartic or laxative remedies, and is a prominent reason for the popularity of Prunoids with physicians and their patients who have used the remedy. Samples will be sent to any physician unacquainted with Prunoids, by applying to the Sultan Drug Company, St. Louis, Mo.

The "Koolbite"

The Koolbite Teething Toy is a new idea, but the principle it involves is the one always applied in reducing local inflammation. Ask your doctor, dentist or trained nurse what they think of it. It is no opium pain-killer, but a rational, scientific method of relieving pain. The resistance of the mouthpiece is nicely adjusted to give just the right assistance for forcing the baby's teeth through the gums.

If the gums are much swollen and inflamed they have to be lanced. Lancing is painful, and there is possible danger of infection. Avoid it if you can.

Directions for use are simple and will be found enclosed with each toy.

The Koolbite Teething Toy is made in three colors—baby blue, pale pink and ivory white. See advertisement in this issue.



Liquid Peptonoids

One of the greatest problems that confront physician and nurse in severe cases of acute illness is the necessity for maintaining the strength of the patient and providing against the loss of energy and tissue entailed by the inability to take sufficient or proper nourishment. In such cases predigested nutrients are of inestimable service, and of such there is nothing so valuable as Liquid Peptonoids, which for years has been a dietetic mainstay in such conditions.

Being extremely palatable and ready for use without any preparation, it should appeal most favorably to the nurse. Even more important is the fact that its contained nutriment is derived from the three great classes of natural foodstuffs—beef, milk and wheat—and that the predigestion of these has been carried to that stage which assures its immediate absorption without any digestive effort on the part of the patient. Not only this, but all extractive and irritant waste material has been removed during the process of manufacture, so that the 60 calories that each ounce of Liquid Peptonoids represents are entirely available and usable.

Experience

has won the abiding confidence of thousands of thoughtful TRAINED NURSES and CAREFUL MOTHERS in the absolute purity of

MENNEN'S BORATED TALCUM TOILET POWDER



confirming the recommendations of physicians everywhere, as superior to all others.

Mennen's is the purest and safest of Toilet Powders for "Mothers Baby" or "Baby's Mother." It not only smooths, but soothes the skin; not only hides, but heals the rawness or roughness and prevents chafing.



Mennen's Borated Talcum Toilet Powder is as perfect as Experience and the Science of Chemistry can make it.

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's.
Sample Box for 4c. Stamp



The Gerhard Mennen Company, Newark, N. J.

Trade Mark

Summer Skin Afflictions

—sunburn, chafing, prickly heat and the like—are often more satisfactorily relieved by

K-Y Lubricating Jelly

than by any other local remedy.

Colorless, non-greasy, water soluble, absolutely non-staining to skin or clothing, and by all means the most cleanly and agreeable of all local applications, "K-Y" is unequalled as a means of controlling itching, allaying irritation and relieving capillary congestion.

As its soothing properties become known, "K-Y" promptly supersedes all other emollients.

VAN HORN & SAWTELL

New York City 15-17 East 40th Street and London, England 31-33 High Holborn

Food for Typhoid Patients

ROBINSON'S "PATENT" BARLEY

FOR INVALIDS and those recovering from influenza, typhoid fever and other illness. Made into gruel or barley water is a food constantly recommended by Physicians.

ROBINSON'S "Patent" GROATS

for the nursing mother or for young children.

"Patent" Groats made into milk-gruel or porridge, can be taken three or four times a day, is very nourishing and easily digested.

Send for booklet giving directions for making many palatable dishes

JAMES P. SMITH & COMPANY

90-92-94 Hudson St. 33-35 E. South Water St.
New York Chicago

In pneumonia, acute fevers, sepsis, continued fevers like typhoid, scarlet fever, measles, whooping cough, or when there is great stomach irritability, nausea or vomiting, Liquid Peptonoids will be retained when all other foods are rejected. Liquid Peptonoids also furnishes mildly sustaining and stimulating properties which are never contra-indicated when the preparation is given in proper dosage. It should never be given at room temperature, as its greatest palatability is assured by chilling (poured over cracked ice) or by giving hot.

It can be added to milk, or its taste altered to prevent monotony by the addition of the prescribed dose to coffee, grape juice, lemon juice, orange juice, etc. It can be made into a snowball or ice, or given as a Peptonoids jelly.



The Baby in Summer

The baby's welfare should receive special attention during hot weather, because this is, of course, the season when digestive troubles are most prone to develop. In the vast majority of cases such digestive disturbances are due to improper feeding. It is, therefore, of vital importance that the baby be fed correctly during the summer months. Good, clean milk, properly handled from the time of milking until given to the baby, should form the basis of his diet. Furthermore, this milk must be properly modified. This is just as essential as clean milk. It should be constantly borne in mind that cow's milk and mother's milk are not alike. They differ in the proportions of their food elements, and also in their ease of digestibility, the most important difference being in the comparative digestibility of the curd of the two milks. The curd of mother's milk is readily digestible, passing through the infant's stomach easily and quickly. On the other hand, the curd of cow's milk, unless properly modified, forms in the stomach in tough, firm masses that are difficult of permeation by the digestive juices. If the milk is to be properly modified, this coagulation of the curd of cow's milk must be prevented. This can be most effectively accomplished by modifying the milk with Mellin's Food, for Mellin's Food softens or attenuates the casein or curd of cow's milk so that it will not form in tough, hard masses in the infant's stomach, and will, therefore, be more easily accessible to the action of the digestive fluids. Moreover, Mellin's Food increases the carbohydrate content of the mixture to approximate that of mother's milk, furnishing these carbohydrates in the form of maltose and dextrin, which, it is now almost universally ad-

mitted, is the form of carbohydrate best adapted to the needs of the infant.



The Ideal Equipment

The scientifically trained nurse of today employs more or less of mechanical means for the betterment of her patient, knowing that special movements and manipulations will be beneficial. Why not qualify along systematic lines, giving the patient the benefit of a real system, or use it individually as a life work. It means less exhaustive work with greater monetary returns than regular nursing. In no branch of the nursing profession has there been such strides as in the mechanical. Every hospital of importance now has its course of instruction in massage for its nurses in training, also its hydriatic department. The call is for expert instructors and operators. Why not qualify through a course in scientific massage, medical and corrective gymnastics, electro and hydrotherapy in the Pennsylvania Orthopedic Institute and School of Mechano-therapy, Inc., 1711 Green Street, Philadelphia.

The course has been extended to four months, beginning with the fall class, September 23, 1913. The theoretical and practical instruction cannot be surpassed, and the mere fact of about 12,000 mechanical treatments given per year guarantees best obtainable experience. May we not send you our illustrated prospectus, terms and application blank. The Institute and its facilities are always open for inspection, and every courtesy extended to visitors.

MAX J. WALTER, M.D., Supt.,
1711 Green Street, Philadelphia.



"Dix-Make" Uniforms

Every nurse knows how expensive it is to have uniforms made to order; how bothersome and difficult it is to obtain a supply of garments satisfactory as to fit, style and wear.

More and more nurses are learning of the economy and wisdom of buying "Dix-Make" uniforms, which are all ready for wear and which can be quickly purchased in nearly every city through the country.

"Dix-Make" uniforms are cut on scientifically correct lines, look trim and smart, are up to date in all details and are guaranteed to give absolute satisfaction.

Nurses and superintendents of hospitals are invited to write to Henry A. Dix & Sons Company, New York, for illustrated folder, swatches of materials and detailed information.

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, has extended and enlarged the scope of this teaching and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course average over ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

Instruction both theoretical and practical is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately. Lectures by Dr. H. P. Boyer.

This course lasts four months, and the fee is \$25.

Examinations both practical and theoretical are required at the end of both courses.

Certificates Given

1701 Summer Street, Phila., Pa.

6 OZ.
SPRINKLER
TOP



One of above special bottles of
Glyco-Thymoline will be sent

FREE

Express Prepaid

to any *Trained Nurse* on application.

We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this magazine
KRESS & OWEN COMPANY
361-363 Pearl St., New York

Prepare for School Days

And now the little army of young humanity, after the long vacation, trips back to school to commence the long period of mental and bodily stress and strain inseparable from indoor confinement and long hours of work and study. Is it not the part of wisdom to see that they are well prepared for what, to many of them, is really a serious ordeal?

If the boy or girl (especially the girl at the age of puberty) is anemic, easily tired, pale and listless, it is certainly a good plan to correct this condition at once, rather than to wait until the condition is more serious. If the young pupil is fortified by the toning and building up of blood and tissue, the prevalent school infections, measles, scarlet fever and diphtheria, are much more likely to pass them by. Pepto-Mangan (Gude) is especially indicated as a blood tonic and general reconstituent for children, as it is palatable, easily taken, free from disturbing effect upon the digestion and devoid of constipating action. It can be taken for any length of time without danger of injury to the stomach, and its effect is soon noticeable in increased appetite, improved color, better spirits and increased weight.



Aznoe's Central Registry for Nurses

Save yourself worry and anxiety, keep in touch with Aznoe's Registry for advancement, by allowing us to place you in a good paying hospital position, without loss of time or effort on your part. We bring to your assistance a strong organization and unlimited resources. You must acknowledge that it is best to patronize a Registry with an established reputation and with a large clientage of well-pleased patrons, whose campaigns have been successfully conducted for them. If we did not believe we could assist you, we would not want you as a member of our Registry. If you are interested in hospital positions anywhere in the United States, send for your free booklet. You will receive it post-paid by return mail.



An Experience with Oxynoleum

A rusty screw driver with a sharp edge slipped while prying the top off a tin can of paint, cutting into the flesh of the hand about a quarter of an inch between the thumb and forefinger. The wound was excruciatingly painful, and bled so that no attempt was made to dress it until evening, though a temporary application of Oxynoleum was made immediately, which relieved the pain.

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Fifth Avenue Directory

Miss Baylies, of Fifth Avenue Nurses' Directory, is the person to consult if you either desire a position or wish to find a nurse to fill one. She has a very fine list to select from and can fill any position from hospital superintendent to ward nurse.

She fills positions all over the country and will give you the very best advice should you be in doubt as to the line of work you, as a nurse, wish to do, or if a nurse is needed for complicated cases or special positions, Miss Baylies can help you to select the best persons obtainable. See advertisement in this issue.



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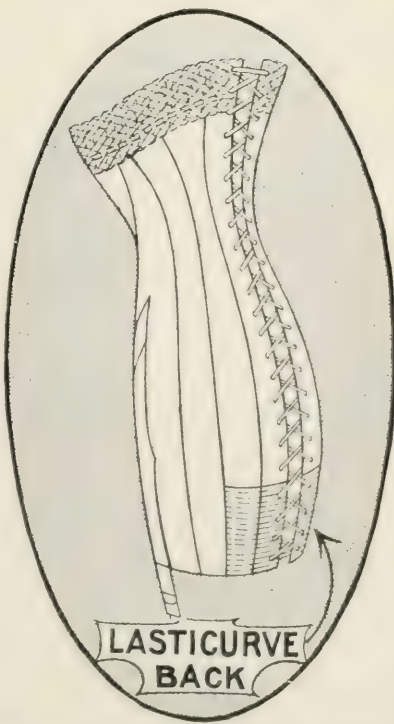
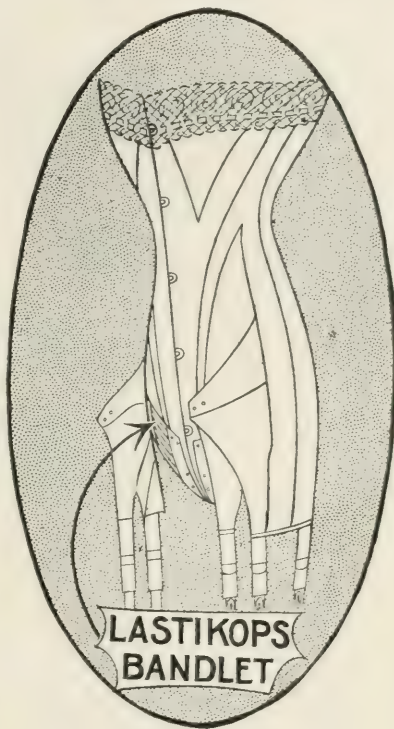
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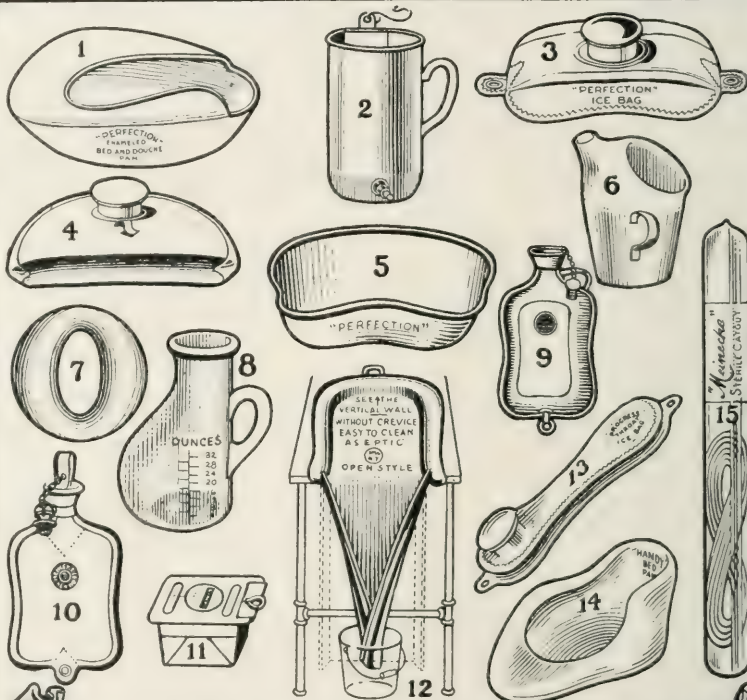
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The Trained Nurse and Hospital Review

VOL. LI.

NEW YORK, SEPTEMBER, 1913

No. 3

The Duty of the Nurse to the Community*

H. LOWENBURG, A.M., M.D.

Assistant Professor of Infantile Dietetics, Medico Chirurgical College, Pediatist to Mount Sinai Hospital, Philadelphia, Pa.

YOUNG ladies of the Class of 1913, after today you will assume unguided the responsibilities which have been yours collectively throughout the past three years. During this time you have been molded and trained in a profession the very essence of which is altruism and self-sacrifice. Those of us who have been charged with the duty of instructing you, while conscious of our own shortcomings, have endeavored to give you the best in us, and to show you by example and precept the qualifications needed to ensure the successful practice of your profession. We have drilled you in theory. We have filled you with the science of medicine and of practical nursing. We have labored to put into your hands and minds the requisite arts of your calling. We are about to leave you, to send you out into the world for you to make the most of it. We have not given you character. That was yours before you came to us, and it is this which will determine your success or failure irrespective of your complement of knowledge. It is this which will determine whether you will add lustre to the fair name of our beloved hospital, or whether you will bring discredit to it.

As the official mouthpiece at this time of

*Address to the Graduating Class of Nurses, Mt. Sinai Hospital, Philadelphia, Pa.

my colleagues and of the officers of the institution, it becomes my function to bid you farewell and Godspeed on your journey. In doing so I cannot escape the responsibility, parental in a sense, of admonishing you as to your conduct and of emphasizing to you certain responsibilities which will confront you. As I mentioned before, the basic keynote of the nursing profession is self-sacrifice. In this connection you have a priceless heritage worthy of your emulation. The names of Florence Nightingale and of Clara Barton are as brilliant suns whose rays blaze for you the way. You need not falter, you need not hesitate nor fall, if you will but follow in the footprints of these women, for whose living the world has been bettered and individuals have been saved, to call their names holy and blessed. They knew not self. Theirs was a life of devotion to duty. These brave women and others lived and died that others might live. They exhibited a courage and a stability that are rare to find. All glory and honor to them whose names rank higher than those of kings and conquerors! Theirs was a life of mercy. Where the battle raged most furiously, where pestilence and famine held greatest sway, there were they, dispensing cheer, comfort and mercy to friend and foe

alike. Can you ask a greater heritage? They are your sisters. They belong to you; you to them! Will you glorify them or desecrate their names?

It matters not whether you carry your learning and skill into the private homes of the rich or into the hovels of the poor, whether you engage in social work or choose for your field of endeavor institutional activity, your first duty is toward your patient. To him, in many instances, the effect of your skill will mean more than the ministrations of the physician. Your presence, your helpfulness and knowledge may mark the turning point in a spell of serious illness. Be gentle and kind to the helpless and the aged. Be an optimist. Carry into the sick room a feeling of hope and dignity. Diffuse cheerfulness, and so study your patient so as to be able to divert his mind from his ailment. Do not regard him as a disease, but as a living, breathing human being, filled with the natural emotions and desires of his kind, but handicapped by his disability.

Once a summons to a case is accepted, the nurse's duty is to remain with that patient until the case is terminated. She cannot honorably accept another call in the interim, unless previous arrangements to this effect are made and clearly understood by both patient and physician. Such desertion of duty may seriously interfere with the progress of the patient's recovery, and may even have a determining fatal effect. Patients will be disagreeable and unreasonable. The true nurse will recognize that they are ill and will not permit her feelings to interfere with the thorough prosecution of her duty. Nurses must be paid and paid well for their services, and the largest fee compatible with reason is none too high for proper service rendered. I am sure I need not admonish this class, whose labors have been continually among the poor, that the summons of these people must be heard as loudly as those of the rich.

The poor man, and in more particular the self-respecting middle-class man or the mechanic who wishes to pay as he goes for what he receives, is just as much entitled to your services, at a reduced fee, as the man of wealth. Respect his summons and respond to it with alacrity.

If a nurse is loyal to her patient, carrying out her instructions, violating no confidence, never repeating as idle gossip those secrets of the heart and of the household which are regarded as sacred, but which by the very nature of her position are often revealed to her, she will be loyal to the physician who employs her and to whom, next to her charge, she owes loyalty. Once, when it became necessary to reprimand a nurse, the reply was given that she always labored in the interest of the physician. That nurse did not know her function and does not know it today. The right kind of a physician needs neither nurse nor layman to labor in his interests. His interests are his patients' interests, and his interests will be conserved if the nurse spends her energy toward hastening his patient's recovery by a diligent adherence to instructions.

In the sick room her ministrations must be gentle and swift, but not careless. Other cases which she may have had or expects to get, or the private affairs of the attending physician or the names of his other patients or the nature of their illnesses, must form no part of her routine. "Eyes they have and see not, ears they have and hear not," should be the motto of her conduct. In the presence of lingering or dangerous illness, or when the grim reaper knocks and she is conscious that her patient is beyond the aid offered by human skill, then it is that she may seize the opportunity to rise above her station and by her devotion, tender sympathy and loyalty, not only assist in making the last dark hours easy, but may soothe and sustain those whose despairing minds and breaking hearts will receive her and, in their calmer moments, healed by time, will form

for her a permanent and loving dwelling place. The consciousness of duty done, the gratitude and devotion and love of the young and aged, the careworn and the pain racked, will be her reward and her recompense.

To the community at large she owes a duty. She is a distinct and intelligent unit, and collectively and individually she is an educational force of rare importance to the state. The very nature of her position brings her into the most intimate contact with the individual, and the feeling of mingled respect and love with which she is regarded permit her to exercise an influence for good or for evil that is rarely accorded to any professional class. Her power is often more potent than the physician's. By example and persuasion she can often mold or mar a character, and so direct her patient that happiness will come to him or her, and gratitude to herself. In this respect I cannot refrain from bringing to your notice the terrific slaughter of infant life that occurs each year. So great is this and at the same time so unnecessary, and so easy, apparently, are the means of prevention, that societies for the prevention of infant mortality are being formed all over the nation, and the matter has engaged the attention of the National Government, and of State legislatures as well. In this work the nurse occupies the most important position of those who would assist in the conservation of child life. The reason for this is that the vast majority of infant mortality is directly dependent upon diseases of the intestines, and these again upon the fact that too many babies fail to receive the pabulum which nature provided for them—mother's milk—but, on the contrary, are fed, or rather, poisoned by, the milk which nature with as positive reasons, affirms she intended for calves. From one end of our land to the other, from Florida to Maine and from the Atlantic to the Pacific, statesmen, politicians, spellbinders, newspapers and magazines are overflow-

ing with arguments and demands that our natural resources are being desecrated, and should be conserved. If the state represents an aggregation of individuals, does not the health and well-being of each directly interest the whole? If thousands of infants succumb each year to digestive troubles directly dependent upon improper feeding, and if it can be proved, and it can be, that relief can be brought about by a course of from nine to twelve months of breast feeding, may not the question be asked, "Is not the human milk one of any country's greatest and most important resources, and does not the conservation of this resource demand the serious attention of legislators and of individuals?" The remedy finds its habitat in a mutation of economic and social conditions and in the publication of educational propaganda. As citizens you may assist in both, but as nurses you are peculiarly fitted to help in the latter. Your intimacy with the young and expectant mother gives you the greatest opportunity of assisting in the work of lessening infant morbidity and infant mortality. Women will believe you and listen to you when they will pay no heed to their physician. You can offset the arguments of the interfering grandmother, the loquacious mother-in-law, kind friend or neighbor, or maiden aunt who never bore a child nor gave suck to a babe. Teach them to nurse their young. Exhort them to know that God put into their breasts the fluid that makes strong men and women. Let them know that one year of breast feeding means a sterling physical heritage and hardiness and an immunity against the ravages of infectious disease far better than was ever provided by any vaccination. Let them know the joy that comes from having a healthy child. Cultivate in the young mother the fire of mother love which may be smoldering on account of fear or an inability to realize the possibilities of her body. Teach her to meet the issue calmly, bravely, with a heart filled with love and resolution

to give the best that is in her to her babe, and let her know that best is human milk. Young ladies, none others than you possess a greater opportunity to spread the propaganda of maternal feeding and to preach this gospel of truth. Let me again exhort you to seize it and to make the most of it.

The Mount Sinai Hospital has been and is doing her share in this work of the conservation of child life. We invite all to come to visit us to see what a busy workshop we are. We want you to come and visit our children's department, where we are attempting to establish, as it were, an Infant Bureau of Life Conservation. Within a few weeks we will have one of the finest milk rooms in the city of Philadelphia, where the poor will receive pure, wholesome formulas. While we are doing this we are distributing amongst our clientèle cards printed in English and in Yiddish, telling them how to care for the mother who is nursing her babe and how to conserve her milk supply. In addition we will have bi-monthly meetings for mothers, addressed in Yiddish by the gentlemen who generously give their time by working daily in the clinic. We do not stop here, but we are attempting to follow these cases to their homes to adjust perverted social conditions as best we can. I submit to you whether this is not a wonderful and noble work for a hospital to undertake. We wish to be more than a hotel for the sick. We wish to be an educational force amongst these people—to lead them out of the wilderness of ignorance and filth and of sickness. We wish to give them and you a practical demonstration in preventative medicine. We are willing to give our time and our best to this work, and to our little institution. What we ask of you is your goodwill, your interest and your active support.

In reference to contagious diseases, the rules of quarantine and of asepsis have been explained. In her interpretation of these, and her conscientious application of them, the nurse becomes a guardian of the public

health, an official, as it were, of the bureau, charged with carrying out health regulations no matter where she may be. As such her duty is to apply her knowledge and to prevent the spread of epidemic diseases. Here, again, your intimacy with your patient and the love and esteem and trust in which you are held will put into your possession a power for good not possessed by clothed authority nor by coercion.

And lastly, may I speak a word or two in reference to your duty to yourselves. The very nature of your work demands a strong physical frame. You must have endurance and patience. But while laboring in the cause of humanity and, granted you are willing to strive for your ideal, remember you, too, are but human, and you dare not add continually to the load without a modicum, at least, of rest and recreation of body and spirit. Take care of your bodies. Husband your resources. Secure for yourselves good food and sufficient rest. However, be progressive by continuing your studies after tonight and by keeping in the forefront of medical and of nursing knowledge. Be ambitious. Ambitious to excel and yet to excel without envy and without malice. Cultivate a spiritual peace, a feeling of good fellowship and charity, even to your peers, and a mental poise of contentment. Wish for success and strive for it. Strive for it in a spirit of generosity and of religion. Our success is not always measured by the world's estimate of the end result.

The desire to please and to succeed is natural to us all. We struggle and strive and endeavor to gain our end. We push and shove each other on and out of the way, and throw our full force against each succeeding obstacle to make a little more room for ourselves. Some of us succeed and some trip and fall on the way and are said to fail. What matters it whether we succeed or fail? The end is identical for us all. We cease to breathe, our pulse ceases and we discontinue to innervate and our form is hidden away in

a few feet of earth. The mound is flattened. We are gone. Our bubble is burst and our game is at an end. Does it pay, we may ask? Have we permanently benefited by realizing our selfish ambition and in so doing deprived some other of his share? Our success means a little success, a little happiness taken from some one else. Have we been justified? Has the sum total of that which came from others concentrated and correlated in us, been the means of shedding happiness and benefit to yet millions of passive others? If it has, then we have not lived in vain. If it has not, then truly failure has been ours, no matter how great or how powerful we may have become before we have surrendered up the ghost.

Who measures the usefulness of our lives? Ourselves or a higher power? Perhaps neither. Perhaps those who have been and will be our beneficiaries—the poor, the humble, the sensitive, the modest, the backward,

the sick and unfortunate. If, when our duty is done, our life is spent, we have been the means of bringing sunshine, happiness and health to others, sufficient will be our reward in the consciousness of duty done, of self-sacrifice accomplished without inward pain and without undue pleasure to ourselves. Life is ours to give to the service of others, to mankind in its struggle for self uplift, and to the betterment of the individual. Let fraternity and equal opportunity for all be the command of our life. Justice, altruism and love are the basis of right living, and without them our lives are empty and meaningless. If we know these peace and contentment may mark our mental frame, and we will have realized the essence of all religion without its dogmatic fringes.

I know in wishing you Godspeed and happiness I voice the wishes of all my colleagues and the officers and friends of the institution.

THE BEATITUDES

“If we estimate character more by the standard of the Beatitudes than what we short-sightedly call ‘results,’ we shall find some of the sublimest fruits of faith among what are commonly called passive virtues:

“In the silent endurance that hides under the shadow of great affliction; in the great loveliness of that forbearance which ‘suffers long and is kind’; in the charity which is not easily provoked; in the forgiveness which can be buffeted for doing well and take it patiently; in the smile upon the face of diseased or suffering persons, a transfiguration of the tortured features of pain brightening sick rooms more than the sun; in the unostentatious heroisms of the household amid the daily dripping of small cares; in the noiseless conquests of a love too reverential to complain.”—*Bishop Huntington*.

The Goal of Self-Support for the Small Hospital

CHARLOTTE A. AIKENS

AFTER a quarter century's effort, a certain New England hospital, in looking back to the small and feeble beginnings of the institution, stated that the hospital, when it began, "was the proprietor of neither real nor personal estate. Its only possession at the beginning consisted of the engrossed copy of its charter." There are many others with a similar record.

Most small hospitals start out without endowment. The managers *hope* that a considerable part of the income may be received from patients, and that the balance may be secured from various other sources. They *hope* to come out at the end of the year with bills all paid, but fail often in planning, so that their own hopes may be realized. Their faith is often strong where their business management is weak.

Many believe that no hospital, small or large, can ever attain to self-support. Yet it is not difficult to find, in almost all sections of the country, small hospitals which are meeting the monthly bills promptly, and often turning over a surplus of varying amounts, which can be used for extension or equipment or improvement of conditions in some way. Most of these hospitals contain anywhere from thirty-five to sixty beds. A certain amount of administrative expense is fixed expense in every hospital. The working force on salary would not need to be much larger for a hospital of forty beds than for one of twenty beds. It should be easier, all other things being equal, to make a hospital of forty beds pay its way than one of twenty beds.

Let it be assumed in the beginning that the hospital has been built and equipped before it starts out toward the goal of self-support. A hospital handicapped by debt

and needing to take from its monthly income to pay interest on debts in any amount, cannot be expected to reach self-support, though there have been exceptions.

The most important factor in reaching the desirable position of self-support in the small hospital is the superintendent. She is the one who must study the question from the inside, watch the leaks, see how expenses may be reduced without lowering the quality of service, how the income may be increased and how "bad bills" may be prevented from multiplying. Given a high-grade superintendent who knows her job and is not learning it wholly or largely at the expense of the hospital and fair general conditions and self-support is possible. No small hospital can afford to put in charge of its affairs an inferior woman. It makes much less difference whether she trained in a large or small hospital, or spent two years or three years in getting her training, than whether she has common-sense and tact, and that her general make-up and character are such as to command the respect of the public with whom she is to deal.

Equally important is it to have sound business management in the affairs of the hospital. If every patient entering the hospital pays the full cost of his care, the matter of self-support is easy. It is necessary, therefore, in estimating charges to know what the cost per day for each patient is likely to be. In starting a small hospital this must be based on the experience of hospitals similarly situated. After the first year it should be based on actual facts secured in the hospital. A study of a number of institutions will probably show that the actual cost of caring for a patient in a hospital is somewhere between \$1.50 per

day and \$2.00 per day. In hospitals in which the cost exceeds \$2.00 per day, there are usually found departments for research and experiment, or other expensive features not found in the small hospital.

If any patient is to be treated free or for less than cost, that cost must be met in some business-like way. Either there must be enough paying patients who pay double their cost to carry the cost of those treated free or partly free, or some individual or organization must be found to be responsible for the cost of the care of those unable to pay. It is at this point where the business management of many small hospitals is weak. It expects to do a certain amount of free work, yet does not plan in advance how it is to be done. It goes on in a sort of happy-go-lucky fashion, and at the end of the year is discouraged by the deficit.

The management of the *charity* part of the hospital or the free beds, if there be any, must be carefully considered, if the goal of self-support is to be reached. If the hospital is so constructed and so situated that it can depend on most of the patients paying \$25 a week or over, it can perhaps manage to carry a few free beds, or beds at \$1 a day, the wealthier patients paying for those who do not pay full rates or do not pay at all. But if the hospital does not afford sufficient accommodation for wealthier patients, or is not situated so as to attract them to it for care, it must find other means of meeting the cost of its free work. How it is to be paid for should be decided largely *before* the free work is done—not *after*. A slipshod policy in this respect will easily defeat the possibility of self-support.

No small hospital can afford to admit medical students or open its doors for clinical instruction if it expects to become self-supporting. There is always, when a hospital is connected with a college, the pressure to admit this and that interesting case "for the benefit of the students," and an excess of

charity work results which is disastrous to any plan for self-support. Such work must be left for wealthy, well-endowed institutions to take care of. The small hospital has a field of its own, and can do a work which many wealthy well-endowed and larger institutions are failing to do. Apart entirely from the fact that clinical teaching invites free work beyond what the hospital can afford, is the fact that the presence of medical students in the small hospital will change the atmosphere of the place, and the best efforts of the superintendent to create and maintain the quiet, serene home atmosphere which refined patients long for, will to a considerable extent be rendered ineffectual.

If it costs, at the lowest estimate, \$1.50 a day to care for a patient, then it is plain that no hospital can expect to become self-supporting if it assumes the care of city patients at \$5 or \$7 a week, unless it has in sight some other means of making up the difference. It cannot afford to accept from wealthy railway or manufacturing concerns as full payment, \$1 a day for the care of employees, when it actually costs \$1.50—unless it has an endowment fund to make up the difference.

It cannot afford to publish the statement that \$5,000 will, when invested, support a free bed for a year in a ward. It will not do this in many hospitals, if any, in America at this time, unless the hospital is luckier than most private individuals in investing money at a high rate of interest. Six per cent. is about as high as most of such investments can be expected to yield, and that means only about 80 cents a day for maintenance, while the actual cost of the patient occupying the bed is not less than \$1.50. Any hospital board which publishes the statement that \$5,000 as a gift *will support a free patient for a year*, may well be questioned, as to the veracity of the statement, and may be challenged to prove that proper care can be given for any such sum. The hospital

should be honest with supporters as regards cost.

The problem of making a small hospital pay its way may need different handling in a large city, where there are large, imposing and well-endowed large hospitals, and in a small community where it is the only institution of its kind to be found in miles of travel. In the large city where there are plenty of larger hospitals, the small hospital that attains to self-support must have some distinctive features of its own—something besides size and location to differentiate it from the large hospitals. Its aims must be different and likewise its spirit.

Two distinctive things which have helped many small hospitals to self-support are the homelike quiet atmosphere of the place and the high grade of personal care given to patients. These are highly important and are much easier attained in small hospitals than large, and they should be sought for and worked for diligently. *Mechanical* service must never be allowed to develop. The individual tastes and needs of patients must be considered of more importance than is the case in many large institutions. The atmosphere must be more like that of a quiet, dignified, well-ordered home.

The personnel of the whole working force of the small hospital that hopes for self-support must be of high grade. It must be able to command the services of physicians who are equal in skill and standing with the large institution. It must be fair to physicians, always, insisting on patients paying physicians when they are able to do so, but insisting, first of all, that the hospital cost must first be met.

It is entirely possible for a small hospital giving a high grade of personal care to the patient to attract to itself many well-qualified physicians, who are not connected with hospital staffs, yet needing hospital privileges. It is never wise for the small hospital to have rigid rules regarding the privileges of the hospital, nor in small cities particularly

is it wise to make a distinction between regular and homeopathic physicians in regard to privileges. If a physician is of good repute and carrying on a legitimate practice and his patient is able to pay full rates for hospital accommodation, it is usually good policy to admit him. This is a fair rule and one which goes far toward popularizing the hospital and bringing to it patients who are able to pay their way. If the hospital admits the patient free of charge, it has the right to say who shall treat him. For this reason it is wise to have a small staff or corps of physicians whose services it can command for free patients. But it should be a *small* staff.

It may even be that it may seem best to have such a corps of physicians who are sincerely interested in the welfare of the institution, and yet not call them a *staff*. Local conditions must largely decide such a matter. One thing is true. No small hospital that expects to achieve self-support can afford to carry a *large* staff. The starting out with a large, cumbersome staff in a small hospital has meant the undoing of many such institutions.

Every physician and staff physicians, particularly, should be impressed with the need for strict economy, and definite measures to keep the need for economy constantly before physicians are necessary. Inasmuch as surgical work forms such a large part of hospital work, in both small and large communities, it figures largely in the monthly expenses of the hospital. It furnishes great opportunities for waste and one extravagant surgeon may have a bad effect on the whole institution, as regards waste. It is a good plan to keep accurate account of the amount of surgical supplies used, especially where extravagance or waste is the rule, and present such a surgeon with some plain facts as to the amounts of supplies he has actually used. If such a plan is followed with all, none can complain, and the very fact that such an account is kept and that comparisons are

made, will often accomplish a saving when no other method would do so.

Perhaps no one thing does more to popularize a hospital and keep the better paying class of patients happy and satisfied, than does a refined and well-managed dietary service. This is much more likely to be accomplished in a small than in a large hospital, if the superintendent realizes its importance and takes pains to impress its importance on every one who has to do with the patient's food. Trays must be neat and attractive. Food must be of good quality, sufficient variety, carefully cooked and attractively served. This does not sound half so difficult as it really is. It means close attention to a thousand details, the establishing of proper standards in food preparation and serving, and careful supervision to see that such a standard is maintained. A wholesome enthusiasm to excel in this particular must be maintained.

Nowadays most large, up-to-date hospitals plan to give their patients the benefits of outdoor treatment during the greater part of the year, and also have installed or are installing some facilities for hydro-therapeutic treatments. Fresh air is a cheap article, and it is worth a good deal of effort to secure airing balconies or a roof garden for the small hospital if the grounds do not afford opportunity to get the patients out of doors. All sorts of patients—fever, surgical, nervous, etc., benefit by the fresh air, and the best way of managing how to give it should be studied. A good outfit for giving hot-air treatments can be made to pay for itself in time, and it adds greatly to the popularity of the small hospital to be able to offer such facilities.

Every possible source of legitimate income needs to be carefully studied in working out the problem of self-support, and the temptation to load up with expensive things which are not real necessities must be com-

bated. An inexperienced superintendent and inexperienced board can easily be led by some doctor into foolish expenditures which a few months later will be classed as "junk." Doctors can be forced to bring their own surgical instruments and thus one big item of expense can be avoided. A comparatively few instruments for ward use and emergency work, carefully selected and kept in good condition, are all that such a hospital needs to plan for.

The special nursing should be done by pupil nurses, for several reasons. Local conditions and needs should be studied. Nearly every hospital has some special advantage which can be developed—advantage of location, of personnel or of equipment. All these need to be studied to make them contribute toward self-support.

But when all the things have been enumerated which can or should contribute toward reaching the goal of self-support, we come back to the first factor mentioned, and the last—the superintendent. She must not be of inferior quality—nor a cheap official. Fewer executives are needed in the small hospital, but the quality must be equal to the best.

If such a woman is to be secured and retained, she must be given comfortable living quarters, and be paid a comfortable salary. It is easily possible for a board to save \$25 a month on a superintendent's salary and secure a woman who will permit many times that amount to be wasted, which a more experienced and better qualified woman would have saved. Penuriousness in the salary of its superintendent often results disastrously on the hospital finances. A capable woman can easily save her salary every month. If the small hospital hopes to find and retain the right kind of executives, it must deal fairly in regard to remuneration. It cannot afford the experiment of frequent changes of executives.

Making a Good First Impression

MINNIE GOODNOW

WE DO not all agree about the importance of making a good first impression. Some of us have a feeling that it is almost dishonest, or, at any rate, taking an unfair advantage, to make a special effort for a good first impression. We feel that it is representing ourselves to be something which we are not. We are afraid of overdoing it, of putting into people's minds ideas of our personality that we cannot live up to, not recognizing that the fact that we are henceforth compelled to be at our best in that person's presence is a great part of its importance.

We retain the old Puritanical idea that goodness needs no adornment, and that a fair exterior always hides undesirable qualities. We do not consider that human nature remains pretty much the same, and that nearly every one still makes his first judgment upon appearances, thinking the beautiful good and the ugly bad.

There are few of us who are not powerfully and permanently influenced by first impressions. Think of some of your own experiences. Do you remember the first time you saw Mrs. A? "Yes, I took a dislike to her and have never been able to feel quite right toward her. I've always thought that she was criticizing me and would say unkind things behind my back." Do you recall your meeting with Miss B? "Yes, indeed, I liked her from the moment I saw her. She had such a kindly manner and a way of seeming interested in you. I shall never believe that she isn't a fine woman, even though she has her faults."

Is this method of judging others superficial and unfair? Does it not as often prove correct as the calmer, cooler method of waiting "till you know people." The difference in the two methods is this: A snap

judgment takes in only prominent characteristics; an opinion formed after due consideration mostly minor qualities. Who shall say which is the more just or the more satisfactory, to discover at a flash a person's greatest faults and greatest virtues, or by great pains to learn merely his unimportant qualities? In dealing with complex subjects, which is the more likely to be correct, a comprehensive view of the whole or a microscopic examination of parts?

We may find a glaring defect in character by our first glance, which may later be softened or hidden by virtues. Is the defect not there, and was not its very prominence a timely warning? We see at our first meeting with a stranger a great virtue which is later covered over by petty faults. Was it not a wise provision which made this virtue so impressive that it can never be quite obscured?

Whether or not one is convinced of the correctness of first impressions, one must admit their—may I say convenience? If a man is a scoundrel, isn't it fair that we should have a chance to guess it before we proceed far with him? If a woman is selfish and inconsiderate, isn't it fair that those who are likely to suffer from it be warned? On the other hand, if a man or woman be honest and kind (Stevenson counts honesty and kindness as the perfect virtues), is it not right that he or she should be able unconsciously to proclaim it?

We all want, if we are honest with ourselves, to make a good first impression. Why? Because it makes the future easier. It may not be thought a commendable thing to seek an easy task, but virtue is so difficult for most of us that we may be pardoned if we wish sometimes to start with a minimum of hindrances. Who of us does not find

goodness difficult when we are suspected of badness? Who of us does not find goodness easy when it is expected of us?

If a patient comes into a hospital thinking that it is the best possible place, he is apt to find it so. If he fancies his nurse an ideal person, he is likely to be an ideal patient. If, therefore, by creating a good impression we can put our patient into a receptive frame of mind, and get him anticipating good treatment, is it not going to be much easier for us to be ideal nurses? It gives both sides a better start, a fairer chance of pleasing and being pleased. If a patient begins with a mental prejudice, it not only makes the nurse's work harder, but it increases the difficulties for doctor, for family, for the hospital (if he is in one), and actually retards his recovery. May it not, therefore, be adjudged a duty to avoid placing obstacles in the way of so many persons?

To make a good first impression is also a duty to those whom we represent. In the business world it is demanded, and one who cannot or does not accomplish it is not retained. A salesman is the representative of his firm and so must put his best foot foremost if he is to prove to the public that his firm is what he says it is. So in hospital life the pupil nurse is the representative of the institution, and by her will the institution be judged. This judgment may be superficial, but it is frequently correct, since an organization which insists upon good work is apt to get it and one which is careless breeds carelessness among its employees. In private nursing the nurse represents to the patient the hospital from which she graduated, and he will judge all its graduates by her. She represents to him the entire nursing profession, and he will judge all nurses by her. For the sake, then, of one's own hospital and of one's chosen profession, it is a plain duty to create a good first impression and—live up to it.

When we represent merely ourselves, is it not wiser to avoid the handicap of a bad

impression? Take the case of a probationer. Should she not let her good qualities be seen and endeavor to keep her faults in the background? It may be that by earnest trying in a new environment the virtues may grow until they seem always to have been there, and the faults may dwindle until they actually disappear. Suppose a graduate nurse is applying in person for a hospital position. Does she not do herself an injustice if she seems less desirable than she is? Does she not do the hospital an injustice if she gives no hint of her many good qualities? It is perfectly conceivable that a really fine woman might lose a desirable position and that a deserving hospital might fail to get the woman it needed because she did not give them a good impression of herself.

The subject seems of rather more importance to nurses than to persons in private life. The people with whom nurses have to deal, sick people, are abnormally sensitive in mind and body, and the friends and relatives of the sick people, because of their personal interest, are for the time being abnormally sensitive in mind. Their impressions, therefore, whether good or bad, are abnormally vivid. We may not care to consider these facts, but we are compelled to, since they have very marked consequences. To disregard them may mean unnecessary suffering to a number of people, including ourselves. To regard them may not only bring comfort to an equal number, but actually aid in a patient's recovery.

Children—and who is not childish when he is ill?—are more than ordinarily sensitive to personal impressions. Instinctively a child looks for the great virtues, kindness and honesty, and if he finds them he is not critical of other qualities. If he fails to find them he is suspicious and hard to be won.

Nervous people—and who is not nervous when he is ill?—are abnormally sensitive to their surroundings and to the personality of nurse or doctor. They take violent likes

and dislikes. Is it fair to such a patient, already struggling with physical ills, to add to them the strain of attempting to conquer a dislike? The average doctor will dispose of such a situation by eliminating the thing disliked, be it nurse, friend, or some material object. Who shall criticize his method? But let the nurse thus eliminated remember that he will not be likely to call for her again to any sort of a case.

A patient came into a hospital for an abdominal operation. She was a sensible woman, but she was ill. The nurse who came to do the preparation was a senior. Forgetting the patient's viewpoint and ignoring her personality, she entered the room with basins and dressings, put them down with great parade, and without a word of greeting, in an indifferent and casual manner inquired "Appendicitis?" The patient took her preparation in silence and followed it with a fit of nervous crying. The remarks of her surgeon are best omitted. She had, very naturally, and as far as that nurse was concerned very correctly, jumped to the conclusion that she was merely a case, not a person, and that hospital people cared only for your "insides." Was not the nurse in question tactless, actually cruel, and a falsifier of the work of the hospital?

There are many cases not recognized nor classified as such which have in them a marked nervous element or even a mental twist and which cannot be too carefully handled. The slight additional strain of "being rubbed the wrong way" may aggravate symptoms or even push the patient over the line of safe endurance. Shall we be the ones to produce such disastrous effects? Shall we be the ones who fail to help set such patients right? The responsibility is a considerable one.

Wherein does a good impression consist? How shall one set about to attain this desirable end?

The business world has reduced the matter to a science, and we cannot do better

than to follow its lead. First impressions are formed from superficial things, from mere appearances. Appearances consist chiefly of two superficial things, dress and manner. We think these things unimportant, but they indicate tendencies. The man or woman whose dress is absolutely neat, hair smooth and becomingly arranged, linen spotless, coat well brushed, hands and gloves showing care, shoes clean and cared for, everything spick and span from top to toe, certainly proves one thing, that he is capable of taking pains with details. Surely this quality is as vital with a nurse as with a business man.

We count appropriate dress as an essential, and there is philosophy in it. The person who dresses inappropriately is either careless, lacking in judgment, or not well balanced, and we instinctively feel that we do not want dealings with him. On the other hand, the one who shows a sense of the fitness of things is likely to be a person alive to his surroundings and the possessor of tact and judgment.

Business firms demand that their representatives appear prosperous, that they be well dressed, look happy and be "up and coming." These things suggest that they have a good job and that they and their firm are succeeding. The very look of the thing often brings success.

Another important constituent of a good impression is self-confidence. This must be guarded that it shall not become conceit, which always offends and antagonizes. The quality is a necessary one. If you have not a good opinion of yourself, how are you going to impress others that you are worthy of their good opinion? If you are not reasonably sure that you can do a thing, how are you to get a chance to do it? If you seem not to be mistress of the situation, how are you going to make people willing to let you undertake their affairs? A man who respects himself is bound to be respected. A woman who knows that she can do good

work is pretty likely to be given an opportunity to do it.

Interest in the person approached is probably the largest factor in attaining an immediate success, yet it is a thing hard to define or recognize. Again, take your own case. If you, because of some word or sign given, believe that a stranger is interested in you, you put it down to his credit, and straightway take a liking to him. If you suspect the interest to be feigned, you dislike him instinctively and immediately. The situation comes back to Stevenson's two perfect qualities, honesty and kindness. If one honestly likes you and is truly kind to you, he is quickly your friend, no matter what qualities he may lack.

If, therefore, we go into the sick room with a real interest in the sick person, a real sorrow at his illness, a real desire to be of service to him, he is bound to know it at once and respond to it by making our task easy for us. Woe be unto us if the interest is only feigned! The sick have keen eyes and sensitive souls and they see what we think we have covered up. The remedy for this is not to cover up but to eliminate. If you

are not interested in sick people, do not try to nurse them. You will be a failure in one way or another.

I call to mind a prominent doctor who is not only skillful but beloved. One instinctively confides in him and trusts him. Why? Because you feel his absolute sincerity, because you see with what assurance he does his work, because you know that he is master of the situation; but very largely because he has for years made it a point to find his patient's viewpoint, to make hard things easy, to save a difficult situation, to show the kindness which he feels.

If you are interested in sick people, let them see it, and see it at the first. Show by the immaculateness of your person that you are ready to attend to details. Show by your manner that you like your work and have the requisite energy for it. Show by your face that you are content with your lot. Show by your bearing that you have prepared yourself for your work and are mistress of it. Above all, strive for an honest interest in humanity. With these qualities, you cannot fail to make a good impression, both first and last.

DON'T GET IRRITATED

We are sometimes tempted into thinking that this would be a very much better and happier world if other folks would only agree with us and see things as we do. But really the chances are that this tremendously radical change in affairs would be no improvement. This conflict of judgment and clash of opinions is not the bad thing that we sometimes take it to be. It is a way—yes, even a divine way, of progress. The radical

who stirs up our inert conservatism may not be altogether agreeable to us, but we may need him just the same, and the man who opposes some of our pet plans and policies may be our good, though much disguised, friend. To agree to differ is sometimes much better than to agree. Conflicts of judgment will never cease, but contempt of other folks' judgment ought to.

—*Selected.*

The Triad That Determines Character

S. VIRGINIA LEVIS

HEREDITY has been referred to as the iron grip of the past upon the present; and a man has been spoken of as an omnibus packed full of his ancestors. A hundred other aphorisms and proverbs testify to the recognition which the great law of heredity has received since the world began.

That all men are born equal is not true in any sense, for each man starts out in the race of life either better, or more meanly equipped than his neighbor; whether from a moral, mental, or physical standpoint. Even the immature child exhibits peculiarities of disposition which distinguish him from other children, and that deeper consideration—character, manifests its proneness to that extent that one may be enabled to foretell, with at least some degree of certainty, what qualities shall dominate the coming man.

Heredity, then, takes precedence in that trio which shall sing the brighter measures in the moral and mental constitution of that individual, or chant the minor bars in the personal qualities of this.

There is a child groaning beneath the corruption of countless generations which preceded him. If left a prey to his inclinations, to what awful depths may he not sink!

But this brings us to that second influencing factor—environment.

The desire of the age would seem to be toward the universal betterment of mankind. All that philanthropy can devise is manifested in the constant advancement of educational facilities. There are spiritual and mental advisers in plenty who bid the wallowing individual, or the grovelling hordes, to come up higher.

Aware that the molding process should

begin as early as possible, they stretch out to the little child—it is their pleasurable duty to bring him into an auspicious environment, and their efforts are not without large reward. That they do not succeed up to the very bounds of what they could wish, is because man is not a creature of environment, solely. He is stamped with his own individuality which no educational advantage can totally efface. The most it can do is to modify—to more or less hold in check, that which is inherent; and how great the potency which it may exert must be determined by the forces against which it is arrayed.

The last condition that helps to determine the status of the man is his will-power—a factor which, after all, is included partly in heredity, afterwards in education. It is scarcely in the nature of things that a person of indomitable will should have been evolved from an almost interminable line of weaklings. However, an assiduous fanning of even the tiniest God-given spark, may result in sufficient of the celestial fire to consume so much of the dross of a pitiable birthright, as to lift its possessor to the plane of respectability. A vigorous will, once it can be enlisted on the side of right, is capable of attaining surprisingly great results.

The over-optimistic would have us believe that education—environment, is a lever sufficiently powerful of itself to raise the most degradedly vicious to a condition something short of sainthood. Yet a false optimism is not laudable. It is truth—truth only, that counts, after all; and truth records a few at least, lamentable failures of education to elevate.

Here is a child of ignoble birth. Chance, or that which we designate as chance,

throws the little one into the best possible surroundings; the foster-parents do what they can to thwart the base tendencies which from time to time present themselves. But no one can be educated beyond his limit of receptivity, and some day the foundling forsakes his benefactors, to sink to his congenital level.

Such instances are extreme, but do occur now and again; for this is not a mere sketch of fancy. It is cited to prove mainly that heredity, environment, and will-power, are ever a warring trio—that it is frequently a bitter fight as to which shall gain the victory. Many thinkers hold to the theory, and with excellent reason, that immorality is largely dependent upon a defective mentality.

Contemplation of these facts ought to imbue us with a broader charity for the inferior estate of our neighbor—to tincture our judgment of him with a more humane sympathy.

By virtue of what consideration are we better than he? Do we pause to deliberate sufficiently upon the unseen forces of darkness with which he may have to contend.

Great evil, and great good, are by no means of mushroom growth; they are

vigorous products for which time is required.

For the present fruits of a morally and mentally healthful environment, we have but to look around us, for they are on every side. It is tenable, though, that the good work in each separate instance began before our generation, for even the darkest age has produced its philanthropists—those who strove so unselfishly to bring the light to sinning humanity.

Does not some fault lie with us, in that we are too impatient of results? What if our best efforts failed to transform some degenerate into a specimen of nobility. With the few years that our ours, why should we expect to overthrow entirely the malign heritage of perhaps centuries?

Nevertheless, we have incentive enough to press forward in the grand work. Even our poor degenerate is not totally depraved, thank God. Though a happier environment failed in his case to establish another upon the coveted heights, there is every reason to hope that within his seemingly dormant breast has been kindled a divine spark of desire, which shall bear stronger witness in the generations to come, to the tiny germ sown in faith.

FLORENCE NIGHTINGALE'S HOPES

In the writings of Florence Nightingale occurs this paragraph: "We are only on the threshold of nursing. In the future which I shall not see, for I am old, may a better way be opened! May the methods by which every infant, every human being, will have the best chance of health, the methods by which every sick person will have the best chance of recovery, be learned and prac-

tised! Hospitals are only an intermediate stage of civilization, never intended, at all events, to take in the whole sick population. May we hope that the day will come when every mother will become a health nurse, when every poor sick person will have the opportunity of a share in a district sick-nurse at home!"

—*New York Post.*

Some Aspects of Gonorrhea in Women

ANNE E. PERKINS, M.D.

TODAY one can scarcely take up a medical journal without seeing some article on gonorrhea. The interest of the profession and public is being awakened more and more, yet the problem does not grow easier of solution. Conferences are held and symposiums written on the prevention, treatment and evils of gonorrhea. Now it is an agitation concerning blindness from the infection of the new-born, again an epidemic among children in a hospital or public baths, or one child sterility, gonorrheal rheumatism of the knee joint, gonorrheal endocarditis, infection of the rectum and, above all, its wide-spread relation to gynecological diseases, pelvic surgery, puerperal fever and obstetrics.

Long ago the problem was hopefully attacked by regulating prostitution, with the idea that it could be altogether suppressed by stamping it out among prostitutes, who were considered the focus of the disease. This is now known to be hopeless; in the first place, supposing all prostitutes to be free from gonorrhea, how long will they remain so? And one woman may be the source of ever-widening infection between the periods of examination by a physician. Many conceal it or even try to infect as many men as possible. Again, prostitutes are by no means all confined in disorderly houses, but vast numbers not classed as prostitutes, by themselves or others, are loose in their sexual life, while they are regularly employed in various occupations.

Duclaux says we must regard the victims of venereal disease as unfortunate, not guilty, approaching the problem as a medical and sanitary one, as we would cholera or small-pox.

First we have nutrition and then reproduction, food-hunger, then sex-hunger; the

sex instinct is so strong that many young and ignorant stumble and fall when they are scarcely more than children, sometimes hardly responsible, since they have not had proper instruction, only vague warnings, no precise knowledge, and are thrown with too sophisticated associates or overcome by the influence of drink.

Many men who are strongly censured for infecting their wives are perfectly certain that they have been cured. Physicians, especially quacks, are often responsible for this, from representing it too lightly to the patient, so that a silly and dangerous belief is current among men that it is "*no more than a cold in the head*," and such strong astringents used that the discharge is checked and the patient reassured.

However strongly we *feel* about it, we shall never make much headway in lessening venereal diseases until we deal with the *sanitary* side, *disease per se*, not as a crime or sin but as a *contagious disease*, which must be treated, if necessary, free, putting somewhat aside the moral and religious element. But this requires notification and treatment, and so far it has been difficult or impossible to compel physicians to report such cases among their patients, as it is not considered allowable. The public is disinclined to discuss and legislate on these matters, and is inclined to shirk and accept them.

The law has been carried out, however, in principle, in Denmark, Sweden, Norway and Finland, and the free treatment has greatly decreased venereal diseases. The diseased individual is treated, also carefully instructed in the danger of infection and the risk in marrying until pronounced able to do so.

If venereal diseases are recognized as *infectious* and ample facilities given for treat-

ment, people can then be held responsible for transmitting them to others.

There should be a law granting divorce for venereal disease, if present at the time of marriage and unknown to the contracting party, or if contracted after marriage, and the voluntary transmission to another, a *personal injury* punishable by heavy fine or imprisonment. It is unfortunate that the results do not stop with the infected person; if this were so, we should be justified in saying complacently that people must take the consequences if they do wrong. The campaign of popular individual education in sexual matters and diseases is probably more hopeful than legislation.

One great evil is the modern extravagance—"The cost of high living"—which makes it impossible for young men to marry sufficiently early. They establish indiscriminate sexual relations and are almost bound to contract disease. Men should be more fully instructed by their physicians that they must be cured beyond doubt before they marry, or they are *morally* if not *legally* responsible for infecting their wives. The New York Post-Graduate and some other schools hand to patients with venereal diseases, in dispensary clinics, leaflets of instruction in hygiene, danger of infection, etc.

It is more important to women than to men to be enlightened, for *men* can largely choose whether they will come in contact with venereal diseases. Out of 1,429 cases of gonorrhea in men, Bierhoff found over 74 per cent. had been infected by public prostitutes and the remainder nearly all by clandestine prostitutes, showing that the prostitute is the most prolific disseminator of this disease.

But however pure a woman may be, she cannot be sure that her future husband is not diseased and unfit to be a husband and father. Gonorrhea is the married woman's most common disease. The girl should be taught that venereal infection might ruin

her health and, therefore, to demand a clean bill of health from her prospective husband. Parents and guardians of young women should feel no false delicacy about their responsibility in obtaining clean, right conditions for their marriage.

If the question of property, dowry or maintenance can be discussed before marriage, why not the still more serious one of *health*? What a tremendous amount of suffering and disease and marital unhappiness would be prevented if each prospective bride and groom were examined by a reputable physician authorized to report to the other. How much fraud it would put an end to. How many unconscious physical barriers would be discovered. Think how little people know of each other physically and morally, and what a shock they receive soon after marriage at discovering these things. How can they take for better or worse for *life*, people about whom they have less knowledge than they would require concerning a prospective room-mate for the winter! One sees parents deliberately shirking or overlooking in prospective sons-in-law, flagrant habits, these are not mentioned. I have seen brothers introduce to their sisters men whom they later married, of notorious sexual habits well-known to the brothers.

The physician in a confidential private interview should point out the physiological side of sexual instinct, the danger of infection, and enlighten youths by answering questions rarely or never put to *parents*, thus setting them on the right track early. It is not without benefit to illustrate these talks by cases in hospitals or dispensaries.

It can easily be seen that women physicians are generally better adapted to discuss such matters with girls. We all have in mind numerous cases where young, perfectly healthy women marry and soon become semi-invalids, sometimes after having a child, more frequently before. I recall one case where the bride was suddenly taken

very ill with pelvic peritonitis on a sleeper, returning from her wedding trip. She had never been ill in her life and could not understand what had happened to her. The tubes and ovaries were surrounded with exudate, bound down and the uterus greatly inflamed.

She suffered intensely for weeks, was finally comfortable so long as she kept off her feet, but at once had a relapse when she returned to her husband. There is scarcely a possibility of pregnancy, though children are earnestly desired by both; in fact, an extensive operation is likely to be necessary. In this case the man had been supposedly "cured" before marriage. He voluntarily told his wife the cause of her illness. It is a delicate matter for a physician or nurse to interfere between husband and wife; most physicians prefer not to tell their patients the cause. After the mischief is done, of what use is it? Either they do not credit it or resent it and discharge the physician, or it makes such domestic unhappiness that a separation may take place. Plainly, *education and prevention of infection* are the strongest hopes.

One patient came under my observation with one of the most virulent attacks I ever saw, as a result of a Western trip made by her husband. He "saw the town" of Denver and on his return infected his young wife so that for two or three years she was nervously and physically an invalid, constantly under treatment, and at twenty-five is hopelessly sterile. Women are repeatedly infected during their married lives by fresh attacks contracted by the reinfection of their husbands by prostitutes. The number of young women who have to lose their ovaries and tubes through gonorrheal infection is legion. These are generally wretched and unhappy, nervously bankrupt, partly from an artificial menopause, the consciousness of sterility and fear of losing their husband's affections, because they are not like normal women. We hear a good deal of the

"tragedy of the gonococcus," and at least 80 per cent. of the deaths from pelvic diseases are said to be due to the gonococcus. Noeggerath, considered by many to be extreme in his views, says that 90 per cent. of sterile women are married to men who have previously had gonorrhea, and claims that it is not cured, but only apparently so. In women latent gonorrhea manifests itself as acute, chronic, or recurrent peritonitis, and often as invalidism, anemia and debility. Twelve to sixty per cent. of surgical gynecology is caused by gonorrhea. The studies of Neisser, Wertheim, Noeggerath and others took some of the blame of sterility from the wife, who had always accepted it all.

Gonorrhea is the most frequent cause of tubal, ovarian and pelvic inflammatory diseases. Prostitutes are notoriously sterile, and no doubt this is due to gonorrheal endometritis, which destroys the ciliated epithelial cells of the tubes, or closes them. We hear a great deal about one-child sterility or absolute sterility. It is safe to say that gonorrhea is a potent cause, for at least 50 per cent. of infected women are sterile. The congestion of the uterus at the time of the menses and after child-birth aids in infection of endometrium, ovaries and tubes. In 13 to 20 per cent. there is extension to the ovaries and tubes through the cervix and fundus. This is always aggravated by an abortion or labor. So often a woman a little while after marriage has leucorrhea and a smarting on urinating, but she generally thinks that married women have leucorrhea and suspects nothing. It is a serious mistake to assume that *every woman has leucorrhea*, yet I have not infrequently heard this statement gravely made by *physicians and commonly* by the laity. One must be careful to get at the truth from the husband without creating marital troubles. But a woman can not be left in ignorance entirely, or she may infect the rectum by her fountain syringe, or worse, infect her eyes, or some

member of the family be exposed from towels, bath tubs or bedding.

Often after labor or without any discoverable cause, a woman complains of pain in the lower abdomen, becomes pale, listless, lying about on a couch, menses become irregular and painful and she has some vaginal discharge. When a physician examines her he finds metritis, salpingitis or ovaritis and surgical interference may be necessary, especially if she develops peritonitis or pelvic abscess. It is surprising to what a desperate state a woman's pelvic organs may have advanced, though she has not even been ill in bed. Investigation will show the same old story generally—the husband in his bachelorhood contracted gonorrhea, “which was treated according to the usual methods, that is to say, with contempt.” The gonorrheal discharge disappeared, leaving slight gleet or a chronic discharge scarcely noticeable, considered as of no importance or not even given a thought. As soon as the uterus is congested and the discharge conveyed to new and succulent fields, it acts with virulence oftentimes. If the young man had consulted a reputable physician and been examined and told that gonorrhea must be absent a long time before it is safe to marry, much suffering would have been saved. An excess of beer or alcoholics and marriage often bring back the discharge. All nurses should be very careful *not to pass a catheter* on a woman with gonorrhea, unless absolutely necessary, and to avoid *carrying* into the *cervix* any infection by a douche.

Forchheimer says the complications and dangers of gonorrhea have been greatly over-estimated by Noeggerath and others, that it is of no use to make such lurid statements, as it is diminishing, except for the army and navy. But he admits that 54.1 per cent. of all males have gonorrhea, though he declares the cause of one child sterility to be prevention of conception in the majority of cases. Mothers should never forget that it is a world-wide supersti-

tion, especially prevalent among nursemaids, that sexual contact or infection of a child or virgin of the opposite sex will cure an adult of gonorrhea. In this way arise many cases of vulvo-vaginitis and urethritis in children.

Kelly says, “The symptoms of the invasion of the gonococcus in women are generally not pronounced—smarting on urination an increase of vaginal discharge. The only history of infection may be that a mucoid, unirritating leucorrheal discharge became purulent and irritating, but even this sign may be absent. Perhaps the first symptom to lead a patient to consult a doctor will be due to tubal disease, cervical catarrh, or a vulvo-vaginal abscess, so insidious are the stages of invasion of this disease. In the chronic forms of gonococcus infection the leucorrhea loses its purulent character and is generally abundant. Symptoms depend on the organs chiefly involved, whether vulvo-vaginal glands, uterine canal, or tubes and peritoneum. In prostitutes and rarely in others, there is a sharp invasion, chill, rapid pulse, rise in temperature, pelvic pains, burning and smarting on urination, profuse greenish leucorrhea, etc. Wertheim's view is that in chronic gonorrhea a fresh attack may be lighted up by a new culture ground. There is no real immunity. That is to say, if a man having chronic gleet marries a healthy woman, she acquires gonorrhea from him and then her gonococci are able to set up an acute process in the husband's urethra. This is the opinion commonly held today, but it is founded more on clinical observation than on bacterial evidence. The importance of a man being cured entirely of gonorrhea before he is married is made doubly apparent. Most authorities maintain that the disease may be eradicated by persistent treatment conducted over a long period of time. Every individual who has once had gonorrhea should be assumed to be infected until the contrary has been proved.”

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

IV. PRACTICAL PROBLEMS

THE dangers to be faced and the problems to be worked out by the nurse who undertakes the care of a serious case of heart disease are as important, as complex and as taxing to her resources as any that she can meet with in her professional life. Alarming situations may confront her without warning, necessitating the use of the most strenuous measures for relief, and often she must meet these crises alone, as it is impossible always to have the physician at hand at a moment's notice. As every part of the body may in time be affected by a valvular heart lesion, symptoms of all kinds may make their appearance, demanding for their amelioration the use of every possible resource. Fortunately, there is no class of diseases in which more can be done for the patient's comfort by the judicious treatment of such symptoms, by attention to the details of personal and general hygiene, which may have a strong influence upon his condition, and by the avoidance, so far as possible, of every cause that may contribute toward the production of acute attacks, or the wearing out of the cardiac mechanism. In many cases a patient with a chronic heart affection has to adopt a way of living radically different from that which he formerly led; and while this must be planned for him by his physician, it is to the nurse that he and his family are apt to turn for the practical working out of many details. With regard to these various problems, however, it must be remembered that the term "heart disease" includes such numerous and different conditions, and personal idiosyncrasies as to the effects of drugs and other therapeutic measures, that it is difficult and often impossible to frame definite rules

for general use, and only by obtaining from the attending physician full and clear information regarding the nature of the case, the emergencies liable to arise, and the measures which under the circumstances will be most effective, can the nurse be prepared to meet her responsibilities. The powerful drugs to be mentioned later should be given only by a doctor's orders.

I. SUDDEN DEATH: ITS CAUSES AND ITS PREVENTION

Sudden death from heart disease is brought before the public mind with such frequency by newspaper reports of cases where men and women have dropped dead on the street or in their homes or places of business, or have been found dead when supposedly sleeping, that the popular notion of cardiac disorders generally having such a termination is hard to combat, and is one of the principal reasons for the terror which seizes upon the average person when he learns that he has an affection of the heart. As a matter of fact, no easier or more merciful death than such an instantaneous taking-off could be imagined or desired; but in most forms of heart disease the patient can be assured that the possibilities of such an occurrence are very small. In functional disorders, aside from cases of extreme exhaustion, there is no danger whatever, and in most of the valvular affections the end comes slowly. Among the young, sudden death occurs principally in the acute myocardial disease accompanying or following the infective fevers, especially in cases of diphtheria, where the peculiar pneumogastric paralysis characteristic of the affection is also a factor in producing the fatal ter-

mination. Among those in later life, sudden death takes place most frequently in aortic insufficiency, the one valvular affection where it is common, and in which it may result either from embolism or from sudden acute dilatation, and in the various forms of degeneration or infiltration of the myocardium. In coronary sclerosis, or the senile heart, the sudden fatal termination may be due to the blocking of one of the coronary arteries, or to cardiac dilatation.

Although disease may arrest the heart's action spontaneously and without warning, yet by far the greater number of sudden deaths follow the putting of some special strain upon the heart, either a physical strain or one communicated by the nervous system as a result of mental or emotional stress. In the parenchymatous myocardial disease following the infections, there may be entire recovery under favorable conditions, and where death occurs it is frequently due to premature exertion on the part of the patient. In aortic insufficiency, when death is due to over-distention of the left ventricle, resulting in the arrest of the heart's action during its period of relaxation, the fatal result usually occurs as a sequel to some unusual exertion, physical or mental, or some emotional crisis. The same causes are operative in a large majority of the cases of sudden death in the degenerative and infiltrative diseases of the myocardium, and in angina pectoris.

Aside from the prevention of mental and emotional excitement or fatigue, already dwelt upon in a foregoing section, prophylactic measures consist in keeping the patient at rest during periods of immediate danger, and in chronic cases, in the strict carrying out of a plan of life which shall as far as possible avoid all causes of over-strain.

In nearly all the acute infections, but especially in diphtheria, the possibility of the sudden failure of the heart must always be kept in mind, and the heart action carefully watched. Any change in the rate,

force or rhythm of the pulse should be at once reported, and the slightest signs of heart weakness should be a signal to keep the patient at absolute rest; for in cases showing only mild symptoms of heart exhaustion a slight exertion on the part of the patient may have a fatal result. Under absolute rest the circulation may be maintained with a minimum of work demanded of the heart, and cessation of muscular activity also decreases the quantity of toxins manufactured in the body which act injuriously on the heart muscle.

As long as the pulse shows feebleness or irregularity, and even afterward—sometimes well into convalescence—the utmost caution must be observed in allowing the patient to make any exertion, for cases are only too numerous in which, when all danger was thought to be over, a sudden attempt to sit up in bed has resulted in immediate death. During the period of convalescence, when much authority is necessarily delegated to the nurse, she can do her patient no greater service than by watchfulness in this particular, and by turning a deaf ear to all entreaties for premature indulgences.

The same is true in the chronic cases of myocardial degeneration, angina pectoris, etc., usually not visited by the physician every day, where some apparently slight exertion on the part of the patient may put a fatal strain upon an exhausted heart. Patients who are allowed to walk about the room, go to the toilet, or even sit up in a chair for part of the day, should be cautioned against making quick or sudden movements, especially rising suddenly from the recumbent to the erect position, as a damaged heart may not be able to quickly adjust itself to the sudden muscular contraction caused by the movement, and fatal dilatation has resulted in many such cases. Such patients should be taught to study deliberation in all their movements. There are also numerous other causes which may produce a dangerous rise of blood pressure in these

cases. Straining at stool must never be allowed, and the overloading of the stomach should be prevented by never giving a large quantity of food at any one meal. If the patient is allowed the use of alcohol, coffee, or tea, their action should be carefully watched. The same may be said of the use of tobacco in any form; some patients with angina pectoris are unable even to remain in a room where others are smoking without unpleasant effects. Sexual intercourse on the part of patients with chronic heart disease has been responsible for many sudden deaths.

The danger of wearing too tight clothing is an important one to bear in mind in the case of women who are allowed to be dressed during the day; many women with degenerated hearts are much above the normal weight, and addicted to the use of corsets which exert considerable pressure on the abdomen, and, as this has a tendency to raise blood pressure through action on the splanchnics, it may have serious results.

2. ACUTE HEART ACTION

Failure of the heart's action is caused by inadequacy of the muscular power of its walls, and results either from myocardial enfeeblement, rendering them unequal to the ordinary requirements of the circulation, or from such increased demands in the way of work that even a fairly healthy heart muscle is unable to cope with them. The great majority of attacks of heart failure are in the former class, where weakness of the heart muscle is present; and where this is the case there is always danger that the demand may at some time become excessive, and dilatation supervene. One or both sides of

the heart may be affected, according to the condition present; if the left ventricle dilates the symptoms are those of insufficient blood supply—pallor, coldness, faintness, prostration and sense of approaching dissolution—while if the right ventricle fails there is great pulmonary congestion and extreme dyspnea, increased by attempts at exertion. If both sides of the heart are concerned in the muscular failure, both faintness and dyspnea may be present.

A nurse in charge of a case where such an emergency may be apprehended should obtain from the attending physician detailed directions as to the treatment to be administered, and should have her remedies and appliances always ready for use at a moment's notice, for the patient's life may at some time depend upon her readiness. If she is obliged to leave her patient to the care of untrained attendants at any time, she should thoroughly instruct her assistant what to do in case trouble arises during her absence. Written directions are often better than any amount of verbal instruction, as many people lose their heads in an emergency and forget the directions they have received.

When the pulse suddenly grows weak, rapid, irregular or intermittent, or the patient all at once becomes pale, cold and faint, or breathes with difficulty, the physician should be summoned immediately, and in the meantime, unless dyspnea necessitates propping up the patient in order for him to breathe more easily, he should be placed flat on his back, with the head low, as in any case of fainting, and neither moved nor allowed to move.

(To be continued)

Concerning Thyroidectomy

MARY A. MEYERS, R.N.

TO RECOGNIZE a goitre in its initial stage is a step much in favor of the patient's recovery, hence the modern nurse should acquaint herself with a knowledge of the early manifestations of the disease to enable her to instruct the laity regarding this condition, and to encourage the importance of immediate aid and a correct diagnosis, thus preventing a waste of time, treating only the conspicuous symptoms and not eradicating the many times obscure cause until the only chance of a cure is impossible. As many of the functions of the body are controlled by the glands, no one to-day offers more interest than the thyroid, that flat gland resting against the forepart of the trachea, below the thyroid cartilage. It consists of two central lobes and an isthmus, broadest below and tapering to a point above, of deep red color and weighing about an ounce and a half.

In the fetus of four months it makes its first appearance and about the second month of life the upper part of the gland unites with the central lobes, sometimes locating this portion below the sternum or even into the thorax. As it descends it is not infrequent to find the central lobe involved with the thyroid. It secretes a thin, aqueous solution containing some iodine.

There is an extraordinary relation between the thyroid gland and the organs of generation, and at puberty it first becomes evident, when those organs take on development. In the female there is a slight increase in size, proceeding and during each menstrual period, when the uterus and ovaries are most active. Many of the thyroid symptoms are visible during the months of pregnancy.

The old theory teaching that the influences of various climates and drinking water

of certain districts have helped in the abnormal development of the thyroid has long been disputed and its error proven from the histories of patients recorded at the many surgical clinics, who have come for treatment from varying countries and climates and the many walks of life.

Simple goitres, colloid and adenomas are due to a degeneration of the gland, resulting often from natural causes and characterized by a steady increase in size and the conspicuous deformity they present.

Exophthalmic goitre or hyperthyroidism is recognized by its accompanying symptoms, many of them quite annoying before any enlargement of the gland is noticeable. Extreme nervousness, with tremor of the extremities, loss of weight, leading to emaciation, although a ravenous appetite often exists, heart, liver and kidney complications, gastric disorders and eye symptoms. During these intervals, when the disease appears in all its severity, patients are many times aided by palliative treatments which help neutralize the thyroid secretions and retard their activity. This is attained by climatic changes, nourishment and rest, X-ray and sometimes drugs, with special attention to the cardiac condition, gastric and intestinal disorders.

If there is not rapid improvement under medical treatment, exophthalmic goitre should attract surgical attention, and for best results operations should be performed in the early stages to prevent the more serious complications making headway, for increasing growth in the gland makes greater pressure leading to an atrophy of the heart, degeneration of the liver, chronic nephritis, abnormal protrusion of the eye balls, which border on a deformity. Then, as in cases of carcinoma, there is but a slight mortality,

while in goitre of years' standing the patient must be first gotten on the highway to improvement by medical means mentioned above, before surgical procedures can be resorted to.

On account of the very active condition of the bowels in cases of exophthalmic goitre, in preference to a cathartic an enema is given the night before operation, but in simple goitres castor oil, one to two ounces, is the usual purgative, hypodermic injections of scopolamin gr. 1-200 and morphia gr. 1-6 are given two hours before going to the operating room and if a general anesthetic is to be administered in addition to the above, atropine gr. 1-150 is given about a half hour before the operation.

There is no washing or shaving, the skin is prepared on the operating table, and consists of painting the area first with benzine, being careful not to let it drip or run into the axilla, for lying between the folds or two surfaces generally results in an unpleasant burn. A coat of freshly prepared iodine follows.

The table is tilted into a slightly reversed Trendelenburg position and a small screen covered with a sterile towel separates the field of operation from the anesthetist.

On account of the cardiac complications present, for a simple ligation of the vessels a local anesthetic only may be used, but for the thyroidectomy, combined anesthesia is introduced, *i.e.*, the operation is begun under nuvocaine injections, one-half of one per cent., but as it grows more painful and the patient dangerously restless and weary, ether is started by the drop method and the patient soon succumbs to complete anesthesia.

Being most easily reached, the superior vessels are chosen for the ligation, one or both ligated at the same time or a week apart, as the patient's condition suggests. This step is many times necessary before the thyroidectomy can be safely performed, as in cases of marked emaciation, the well-

being of the patient demands a wait of three or four months previous to the major operation. During this time there is visible improvement, the average gaining in weight about twenty pounds.

The amount of dilatation of the heart determines the portion of the gland to be removed. In cases where it is not greater than an inch about three-fifths of the gland is excised. Owing to unpleasant after-effects, myxoedema, for example, it is not considered wise to remove the whole gland.

On return from the operating room the patient is put in a partially inclined position in bed, the head elevated by two or three pillows with a large pad of absorbent cotton covered with gauze under the head and shoulders, as there may be much oozing and draining from the wound.

Salt solution by rectum is started immediately; it is given very slowly, a pint at a time, about two quarts in twenty-four hours. This relieves the great thirst and sips of hot water help the choking sensations. If the pulse reaches or exceeds 120°, an ice bag is placed over the heart and retained until the condition is improved. As many goitre patients have a slight rise of temperature, 100° to 102° is not alarming. Nervous symptoms predominate, and the majority find the second night and day very hard ones; there is much choking and coughing, codeine and terpin-hydrate relieve this unpleasantness. For great restlessness with much thrashing about, morphia gr. 1-6 is given hypodermically at this time, and when the heart is quite unsteady infusion of digitalis dr. 1, three times a day, is often ordered. Sometimes the nausea is most persistent, not subsiding for a few days. When there has been much loss of blood or a patient suffers from extreme weakness, salt solution subcutaneously is administered and camphorated oil, 10 to 15 minims, hypodermically.

As a general rule a drain of rubber tubing or rubber tissue is introduced at the time of operation and employed for the first twenty-

four hours. A very generous sterile dressing of sponges and absorbent cotton is applied and kept in place by a gauze roller bandage.

In cases where there is much secretion, draining and oozing, the dressing early becomes moist and uncomfortable, and, to ease the patient is changed during the first twelve to twenty-four hours. Patients experience pleasant relief after the dressing, as many times the bandage has become tight and uncomfortable.

Paralysis of the vocal cords (total or partial) is a complication sometimes met with. There may be a loss of voice for days or weeks; it is rarely ever permanent. A collapse of the trachea has been known to happen, causing death.

Beginning with liquids, if there is no nausea the diet is rapidly increased to semi-solids and solids. The majority of patients recover rapidly, being discharged from the hospital after a week or ten days.

At one surgical clinic during the interval of a year, there were 1,200 operations for goitre, which makes the disease appear to be on the increase. This is not generally believed to be so, but it is a self-evident truth that the laity is accepting the benefits derived from surgical procedures for this once-thought incurable condition, and seems to be convinced of the safety of thyroidectomy, which is offered as one of the triumphs of modern surgery.



GRADUATING CLASS, EL RENO SANITARIUM, EL RENO, OKLAHOMA

Diet Tables and Nutrient Enemata in the Treatment of Gastric Ulcer

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DIETETIC TREATMENT OF GASTRIC ULCER

MILK should be the first form of nourishment given in cases following a period of total abstinence rendered necessary by a gastric hemorrhage. At first the milk should be given cold, or tepid, and in very small quantities frequently repeated, and if such small quantities are well borne, then larger amounts may be given, longer periods intervening between the feedings.

In order to test the effect of milk one tablespoonful may be given every half hour, and should neither pain or nausea follow, then the dose may be rapidly increased, so that presently the patient is taking half a cupful (100 to 150 cc.) every hour, or if found more agreeable four to six ounces may be given every two and a half hours. One or two of the feedings may be diluted with strained barley water, or again, the portion of the white of an egg may be stirred in several of the feedings.

Care should always be taken never to disturb the patient's stomach, and at the first symptom of the slightest gastric discomfort, or should such symptoms as nausea supervene, all feedings should be immediately stopped for several hours, and then resumed in smaller quantities. Should raw milk not agree it may be boiled or peptonized, or lime water added, or other forms of milk preparations may be given as already mentioned.

For about a week following such a milk diet, or a shorter period in cases of chronic ulcer without hemorrhage, a diet such as the following may be given:

	Calories (about)
8 A.M.	
250 cc. of milk (one cupful) in which two or three pieces of	

	zweiback, rusk or Huntley and Palmer breakfast biscuit have been thoroughly soaked.....	290
10 A.M.	One soft-boiled egg with a piece of fresh butter (one level tablespoonful of butter equals 20 g. or 159 calories).....	242
12 NOON	Rice, cream of wheat or farina boiled in milk, two heaping tablespoonfuls with cream, two ounces. (One tablespoonful of average cream equals 54 calories).....	272 to 440
2 P.M.	One soup plate green-pea puree or strained gruel.....	114 to 160
4 P.M.	250 cc. (one cupful) of milk, two rusks of zweiback.....	290
6 P.M.	One soft-boiled egg, a Huntley and Palmer breakfast biscuit and butter (one level tablespoonful equals 20 g. or 159 calories).....	250
7.30 P.M.	250 cc. (one cupful) gruel or farina, two tablespoonfuls with milk.....	215
9 P.M.	250 cc. (one cupful) milk or Zoolack.....	140 to 160
		1813 to 2027

A dietary such as the above furnishes on the average 2018 to 2027 calories, depending on the amount of butter and cream. At the end of the seventh or tenth day, chicken jelly or broth, or mutton broth, with or without such cereals as rice, farina, thoroughly cooked, may be given. Or again a raw egg may be dropped into a cupful of such broth. Presently such meats as sweetbreads, the

white of tender fish, such as codfish, squab or the white meat of young chicken may be given. At first all such foods should be pressed through a sieve and served in the form of a timbale or mousse. But at the end of three or four weeks broiled squab, broiled chicken, tender, rare steak or roast beef may be ventured. When even vegetables are added to the diet they should for the time being, be given in the form of a puree.

NUTRIENT ENEMATA

One hour prior to the injection of a nutrient enema the lower bowel should be carefully washed out with warm, soapy water. The patient should lie on the left side with the right leg drawn up, and the hips elevated by a pillow or two. The nutrient enema should be injected by means

of a soft rubber catheter and an irrigating bag. The tube should be introduced as far as possible into the colon, and the irrigating bag held about three feet above the patient. The amount of each clysma should not exceed 250 cc., *i.e.*, a large cupful.

The following are two excellent forms of nutrient enemata:

250 cc. milk
2 yolks of egg
2 tablespoonfuls of claret
A pinch of salt (Boas)

One of the best of all nutritive enemata consists of a salinated solution of glucose. Of such a solution, one to four ounces or more may be given two to four times during the twenty-four hours. If necessary, a certain amount of whiskey may be added.—*The Post-Graduate Magazine.*

Optic Neuritis in Infectious Diseases

Duboit reports the observation of two cases of optic neurosis following measles, of one case scarlatina, one case after typhoid, and two cases after influenza. The symptoms appeared in measles fifteen and seventeen days, in scarlatina nineteen days, and in typhoid twenty days after the onset of the other sickness. The clinical symptoms in general and the results of lumbar puncture enable in all cases meningitis to be excluded. The result was in every case favorable.—*Archiv. f. Augenheilk.*



Whooping Cough

Galish has noticed that the course of whooping-cough is more severe when several children have it together than when the child is kept apart from other children with it. The sight of others affected certainly aggravates the nervous element in the disease, and the possibility of a new infection from it cannot be positively excluded. He

thinks that repeated infection is a possible factor in keeping up coryza as well as whooping-cough. In both affections he is confident that much would be gained by measures to prevent accumulation of disease products, having the child go into a second room and well ventilating the first, after each coughing spasm, using a fresh handkerchief each time in coryza.—*Journal A. M. A.*



Sterilization of Rubber Gloves

Arnd and Rusca call attention to what they say is the most economical and efficient method of sterilizing rubber gloves without injuring them. The gloves are washed in running water and then dried after using. At evening they are placed in a five per thousand solution of sulphuric acid and left for ten or twelve hours, after which they are rinsed in salt solution and are then ready for use. They have been using this method for three years and are highly pleased with it.—*Journal A. M. A.*

Gleanings from Medical Literature

Infant Feeding in Its Relation to Infant Mortality

The above subject was discussed by Dr. J. E. Winter at a meeting of the Medical Association of Greater New York in November, 1912. In this he pointed out the enormous mortality now prevailing in the first months of life, and contended that this could in large measure be prevented if mothers universally could be induced to nurse their infants. That women could, as a rule, be brought to do this had been shown in some of the European schools for midwives. The fact that mothers did not nurse their infants more generally was due to a very large extent to the obstetricians and midwives, and the time had now come when there should be a change in this respect. The act of parturition was only half completed when the child was delivered, and it ought to be realized that it was as essential to the mother as to the child that the latter should be nursed at the breast during the puerperium. At the end of utero-gestation the uterus and its blood-vessels were enormously enlarged, and in order that involution should be successfully accomplished it was necessary that the organ should contract powerfully and continuously. This could be secured only by the stimulus afforded by the act of nursing. Every time that the infant took the breast the uterus could be felt to contract firmly, and by this nursing, post-partum hemorrhage could be prevented and perfect involution effected. It could thus be seen that most of the evils, such as uterine displacements, etc., which now make women chronic sufferers and bring them to the gynecologists could be avoided if nursing at the breast were more generally practised. As to the infant, the colostrum was exactly

what it required at the time, and the green stools which it often caused were entirely physiological. The vomiting not infrequently observed was really of no consequence. It was a common practice to give the new-born infant water, but this was a mistake, as it often made it refuse to take the breast. It should be put to the breast just as soon as the mother had received proper attention, and during the colostrum period it should be allowed to nurse as often and as long as it would. It was not necessary that breast milk should be the exclusive food of the child for a very long period, and as early as the second month it might be allowed one bottle of properly prepared cow's milk with advantage. In this way the mother could have an undisturbed night's repose, and the weaning could be gradually and easily accomplished. As a rule, women nursed their infants for much too long a time. The only substitute for mother's milk was cow's milk, properly modified. Physiology was the keynote of infant feeding.

In discussing the paper Dr. J. M. Mabbott called attention to the necessity of preparing the nipples for nursing before the baby came. He mentioned four things which ought constantly to be borne in mind in considering the nursing problem: (1) The preparation of the nipples; (2) immediate nursing—not waiting for twelve hours, as recommended by some authorities; (3) the withholding of water from the new-born infant. In this particular he had to confess that he had often been guilty of giving one or two teaspoonfuls of boiled water to the baby, but he suspected that Dr. Winters was correct; (4) where a substitute for the mother's milk was required there could be

no doubt that the top milk advised by Dr. Winters was by far the best in the earliest days of the infant's life. Many babies would, of course, get along on other artificial foods; but wherever there was a question of the survival of a baby, it should certainly be placed on the best without delay.



Safeguarding Surgical Operations

In the *Charlotte Medical Journal* (Dec. 1912), Dr. Southgate Leigh in a very practical paper on the above subjects emphasizes the value of anesthesia by the use of Nitrous-Oxide-Oxygen. His opinion is that it is "by far the safest and pleasantest form of anesthesia yet devised. We have had," he says, "at the Sarah Leigh Hospital, in all about nine hundred (900) cases, without fatality, and without any bad effects that could in any way be traced to the anesthetic. In four cases only, have we changed to ether. We have used the method in a number of bad risks, where we would not have dared to give ether. There have been no post-operative complications, such as dilatation of the stomach, pneumonia, nephritis or phlebitis.

The chief drawback is that a skilled and experienced manipulator is required.

We believe that the adverse reports appearing in the journals from time to time are the outcome of erroneous methods or lack of training on the part of the anesthesiologists. The Mayos require twelve months rigid training for their etherizers. Such a training, or even less, with Nitrous-Oxide should make one sufficiently accomplished.

For our own clinic we can say most positively that the operative and post-operative risk has been materially diminished by our use of Nitrous Oxide-Oxygen, and that we have been able to extend our work to cases formerly operated upon only under local anesthesia.

Further, we can state that the disagreeable features of surgical work have been

greatly lessened by this anesthetic. The patients are not afraid of it, it is pleasant to take, its effects are rapid and recovery is almost instantaneous. Nausea is reduced to a minimum, and there is rarely any excitement before or after the operation. Dr. Crile has demonstrated the fact that fear often plays an important part in the production of shock, especially with nervous women, and that its effects are not only immediate but remote. We have always shared the same opinion, and have done everything possible to keep our patients in a pleasant frame of mind both before and after the operation. Much can be done along these lines in successful hospital management. Not only should the employees be trained to give the patients the best care and attention, but they should also be required to please them. Too often patients come to hospitals with preconceived adverse opinions, which are sometimes hard to overcome. Nurses and internes cannot be too thoroughly trained to exercise gentleness, kindness and tact.



A Novel Treatment of Hay Fever

The *Boston Medical and Surgical Journal* says: "As hay fever is known to disappear with the arrival of frost, the plan has been hit upon at one of the large New York hotels of allowing persons suffering from that affection to go down and sit in the artificially cooled wine cellar, where the temperature is 30° to 40° F. While exposure to this atmosphere is not claimed as curative, it is stated that the patient, by remaining in it for thirty or forty minutes, is completely relieved of his symptoms for from twenty-four to forty-eight hours. The idea appears to have come from the West, where it has been successfully tried for some time past in the breweries, and one gentleman in St. Louis is said to have been entirely cured by spending half an hour a day for two weeks in the cold vaults."

Observations of Nancy Norris

As has been intimated, the League for Public Health Nursing was the "star feature" of the convention at Atlantic City. It must have been a proud moment for THE TRAINED NURSE, for as sure as can be, the gathering was the culmination of the pioneer work of that magazine. I listened to the addresses and heard statement after statement that had been given again and again in THE TRAINED NURSE. It seemed like reading over the back volumes, as familiar sayings kept falling on my ears. Long life to THE TRAINED NURSE AND HOSPITAL REVIEW for making such things possible.

Miss Annette Fiske certainly hit the nail on the head in her remarks about "noted educators," and the important part they play with the nursing leaders. The "noted educators" were everywhere at the meetings of the American Nurses' Association. As I heard in one paper after another reference to "noted educators," "noted educators," I thought to myself that if some one dropped in, not knowing what kind of a meeting it was, he would think it was an advertising campaign for Dr. Johnson's popular biscuit.

The male superintendent came in for some good hard knocks. I have watched this antagonism to the male superintendent very carefully, and I have come to the conclusion that it is not caused so much by his shortcomings as a hospital superintendent, as the fact that he was so indiscreet as to have been born a male.

Why do nurses in session find it necessary to close their meetings to the public? We hear a great deal about the necessity of educating the public. I think a good way to begin would be to invite it to the meetings of nurses. Especially meetings on registra-

tion. Surely the public has a legitimate right to know about the laws which if passed will more or less affect it. I should like to know how it is proposed to educate the public. No one really stated.

A man whose invalid family had made necessary the services of a trained nurse in the home most of the time, for some years, was at the Atlantic City during the Convention, and was very much interested. "Where do these nurses who belong to societies and attend conventions come from?" he asked. "We never have any, yet we always have high-priced nurses and the best we can find." Now this man's experience is not unusual; but it may be a surprise to those who hear the noise of the organizations, to know that what may be called organization nurses represent only a drop in the bucket of the nurses of the country. The average successful private nurse has no time for meetings; she may, perhaps, belong to her *alumnæ*, but considers that if she gives her name and pays her dues she is giving all that should be asked of her. She hears of the agitations and discussions of the societies, but views them with amused tolerance, and as not to be taken seriously. Nor is she to be criticized unkindly for this attitude, any more than you would criticize the lawyer, doctor or business man for attending "strictly to business."

Nurses have been taxed so often for funds to create a position for some ambitious member of the profession, that I am glad they are to be relieved of the burden. So long as Mrs. Helen Jenkins is willing to open her purse for this object, nurses will probably be allowed to keep their hard earned savings.

NANCY NORRIS.

Editorially Speaking

Discipline

Some one has said that discipline is the difference between an army and a mob. Of the need of discipline in hospitals and hospital schools, no one with experience in caring for the sick will be inclined to question. To the inexperienced nurse, however, the need for strict discipline is not always apparent. Quite often she resents it because she has a wrong idea regarding its value. She has not learned that lack of discipline means, in most cases, decreased efficiency in the hospital.

In this connection we commend a careful reading of this quotation from George Matthew Adams, concerning discipline. "Discipline," he says, "in its best sense, means to educate. And to educate is to bring out of yourself your very best abilities in orderly fashion. There is no lost motion in the action of a well-disciplined army. Every move counts. The wonder of any of our great modern business enterprises is its smooth-working discipline.

"Maximum power demands maximum discipline.

"To discipline your will, your emotions, your desires, is no easy job. To some it is a tremendous task, but to the man who through patient and determined effort finally brings his every ability into control and harmony, there is created a momentum that makes the greatest works come easy and enveloped with delight—all of which is the result of discipline.

"Maximum power demands maximum discipline.

"Those privileged with the daily association of President Wilson marvel at the ease

with which he accomplishes things. There is nothing marvelous about it at all. For a decade or more he has been practising what he has been teaching—putting Discipline to work daily in his own personal house.

"Maximum power demands maximum discipline.

"Gather your forces together. Discipline your mind and your body. Do many things each day for no other reason than that you would rather not do them. Draw in the loose cords. Neglect nothing that is important. Put discipline to work."



A Nursing Problem

The problem we have in mind is considered by many as the greatest of all nursing problems—the problem of what can be done to make it possible for every mother who is apparently in normal health to nourish her baby as nature intended. Great stress is laid in the training school curriculum on the importance of pupil nurses being taught methods of modifying cow's milk for babies. Has half as much emphasis been put on the methods that nurses may use to help increase the flow of natural milk for a baby!

Some time ago the Chicago board of health issued a very telling illustrated poster relating to this subject. It was entitled "The Long versus the Short Haul." At the top of the poster on the left side was a cow with an imaginary tube attached to the udder. The tube first led to the farmer's barn or dairy, where the milk was made ready for shipping. From there the tube led to Milktown, where it was boarded on the milk trains. The tube attached to the

train of milk cars had to travel over a route thirty to forty miles in length, after which it was loaded into wagons for distribution to the various milk dealers. There it again changes hands and the milk man starts off on his city route. It arrives at the home, and later we find the tube ending with the baby and his bottle. In contrast was shown on the poster the baby at his mother's breast, getting his milk fresh and pure from the source nature intended. The poster was a strong plea for greater effort to increase the number of mother-fed babies.

In his address to the nurses of Mt. Sinai Hospital, Philadelphia, Pa. (published in this issue), Dr. H. Lowenburg makes a strong appeal to nurses. He believes that in the work of the conservation of child life the nurse occupies the most important position of those who would assist. The great importance of this problem must be apparent to every reader. Will you help solve it? If so, send us a letter of five hundred words, or less, giving any experience you have had in helping to make it possible for a baby to be mother-fed. Give any suggestions regarding the problem that may occur to you. We should have a hundred letters at least from as many nurses who have worked at this problem successfully. You may help to save a baby's life by giving some sister nurse the story of your success in this direction.



The California Medical Practice Act

The *Pacific Medical Journal* for July devotes much of its space to the new Medical Practice Act, which will shortly go into operation in California. Two classes of certificates are to be issued, and two classes or grades of physicians are provided for. (a) Physicians' and surgeons' certificate. (b) Drugless practitioner certificate. Certificate A requires the candidate to have spent 4,800 hours in four years of 128 weeks, in securing it. Certificate B requires the can-

didate to have spent 2,400 hours in 64 weeks in securing it.

The *Pacific Medical Journal* contributes an interesting list of drugless practitioners who are either now practising, or who are eligible for a license after studying 2,400 hours in their particular schools. The following are but a few of those mentioned: Osteopaths, electropaths, hydropaths, naturopaths, chiroprathists, Christian Science healers, etc. The one certificate conveys to the holder thereof the right to practise as a physician and surgeon as regularly practised; the other authorizes the holder thereof to practise healing without drugs, or the use of any medicinal preparation whatsoever. He is also prohibited from "severing or penetrating the tissues of any human being, in the treatment of any disease, injury, deformity or other physical or mental condition of such human being, excepting the severing of the umbilical cord."

The act also prohibits the holder of a certificate of either class or any other person, company or association by whom he is employed, from advertising, announcing or stating in substance, in newspaper or other written or printed advertisement, that he will cure or treat venereal disease, "lost manhood," or sexual disorder.

The new law is interesting to nurses chiefly in that it brings under control and supervision the motley crowd of so-called "healers," who heretofore simply established an office and carried on their work without hindrance. They were "not recognized" by the medical profession. Under the policy of "not recognizing," numerous evils have flourished not only in the medical but in the nursing world. This new California Act has several lessons for American nurses. Even the "drugless healer" is obliged to comply with a minimum requirement, and show that he knows something about the art by which he is earning his living. We may yet get our eyes off the top of the nursing structure, at which we have been tinkering.

ing for years—supervising those best trained and letting all others go without “recognition” or supervision of any sort, and begin at the bottom, and require every individual who expects to make a living by nursing to know at least the rudiments of the art. If registration and license are ever to accomplish anything in protecting the public, this will have to be done. No registration law which is devoted solely to setting standards, supervising and improving those who are already efficient and which pays no attention to improving or increasing the efficiency of the 90 per cent. who are nursing (accepting Miss Goodrich’s statistics) without hospital training or any training at all, can afford adequate protection to the public.



A Practical Suggestion

In an address to the graduating class of the Metropolitan Hospital Training School for Nurses, Dr. E. D. Rudderow gave the following bit of practical advice, which the young graduate will find most helpful. The suggestion of the use of the gummed label bearing the nurse’s name, address and telephone number may be worth many dollars in a year. He said: “The nurse who achieves success must be accessible. Consider for a moment what happens when the busy doctor needs a nurse. He cannot search the corners of the city, and if he could he would not. Keep yourselves, therefore, in evidence. Keep near your telephone.

Do not be afraid to call upon the doctors when you are unemployed, and having done so, make sure that you will be remembered. The ordinary card is soon lost, and so it has been my custom to suggest to nurses the use of a little gummed label bearing their name, address, telephone number. This small reminder pasted in the doctor’s visiting book will bring you more business than all the cards that ever were printed.”

Turning Criticisms into Profit

In every hospital there occurs waste and loss from various causes which might have been avoided if some one who knew about it had called attention to the fact.

There are many good ideas going to waste which might be utilized to the profit of the institution if the nurses and internes knew that suggestions for lessening labor, waste, of materials or time, or making the work more efficient or satisfactory in any way were desired by those in authority. In some institutions, the superintendent is not above taking suggestions from subordinates, but in many institutions, there is no doubt that helpful suggestions might be mistaken for criticism of management. Those who are closest to the details of the daily work if they are alert thinking beings, are apt to know more about the disadvantages than those who are farther away. If no safety valve for criticisms of undesirable conditions are employed they are much more likely to be magnified.

In this respect the plan employed by the National Cash Register Company at Dayton, Ohio, is worthy of mention. In that company criticisms are turned into profit by putting a premium on practical workable suggestions made by employees.

For the best suggestion which could be worked out for the betterment of the conditions or business in any way, a free trip to Europe was offered. For the second best, a piano, and lesser prizes for various less valuable ideas. The result was that instead of the brains of a few people alone being devoted to planning improvements there were several thousand alert men and women using their eyes and brains to advance the company’s interests. In the course of a year a large number of helpful practical suggestions are brought to the attention of those who are able to put them to use. Apart entirely from the prizes secured, the spirit of helpful rather than

destructive criticism that results is worth a good deal to any institution.

The custom of giving prizes to nurses for proficiency along various lines is growing. It is but one step further to the awarding of prizes for suggestions relating to economy and efficiency in the various departments of the hospital. The bane of many an institution is useless grumbling or criticising of conditions by the pupil nurses. One way to lessen or avoid this is to put a premium of some kind on helpful practical ideas from anybody, connected with the institution.



Some Things to Remember

In any discussion of present-day problems in the nursing field, there are certain fundamental facts which we would do well to remember. First, if we look facts squarely in the face we will find that under present conditions practically two-thirds of the great field of private nursing is not occupied by hospital graduate nurses. They are shut out of it largely by the rules of registries, which require a nurse to sign an agreement not to nurse below a certain price, which price is prohibitive to most middle-class people.

Second, there are large numbers of acutely ill people in middle-class homes who need skilled care and under present conditions are unable to obtain it.

Third, there are graduate nurses idle at all times who should somehow be brought in touch with those who need them, the people who regard a graduate nurse at \$21 or \$25 or \$30 a week as an impossible luxury.

The proportion of graduate nurses who are idle at one time varies. Dr. Beard, of Minneapolis, is quoted as saying that 50 per cent. of graduate nurses are idle most of the time. His statement is disputed by people in his own territory, who are in a position to know.

A Western correspondent who is con-

nected with a central registry, says that approximately one-third of the nurses are idle all the time. It would seem, then, that the great task before us is not so much how we may increase the numbers of less skilled nurses and make them more efficient, but how we may help the skilled nurse who is idle to get in touch with the patient in middle-class homes who needs her skill. How we may broaden the field for the private nurse so that she may help more people and make more money. We have faith to believe this is going to be accomplished before many years. Nurses can help to hasten this time by trying to keep an open mind. It has been well said that "*the weak spots in any system can be best apprehended by one who has not become a slave to the system.*"

The present conditions are so unsatisfactory to nurses, doctors, the public and all concerned that anything which promises even a faint improvement on such conditions should be welcomed.



The Civil War Nurse

Not the least interesting feature of the recent celebration at Gettysburg was the presence of some of the famous nurses of the Civil War, only a few of whom survive. We hope that it will not be long before these women have erected in their honor a fitting memorial to commemorate their splendid work.

One who has been wonderfully interested in the tempest raised in New York over the attempted monopoly of the word "nurse," suggests that these Army nurses should have been called "attendants," since they were not hospital graduates, and further raises the question as to whether Florence Nightingale could have ranked as other than an "attendant," according to the theories put forth by Miss Noyes, as quoted in our July number.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Preparatory Training

The need for a short course of preparatory training for the probationer before she is allowed to assume any responsibility for the actual care of patients, is generally admitted. Few, if any, schools which have attempted it would be satisfied to abandon the effort. Yet, beneficial as this improvement has proven, both to hospitals and nurses and, perhaps, most of all to patients, it has not been generally adopted in hospitals as it should be. Some superintendents who have greatly desired to inaugurate such a course, have been unable to convince their boards of the need of it. Others have hesitated because it entails some additional expense, and a large number hesitate because of lack of sufficient nursing accommodation for an additional class, before the places have been vacated by the outgoing graduates. Still others have been content to jog along in the old way, admitting probationers one at a time, as they happened to come along or happened to be needed, and thrusting them into the wards to pick up what they can and help where they can.

The central preparatory school or college, which has been advocated for so many years, may materialize. That it will greatly influence conditions throughout the country in general during the lifetime of the present generation of superintendents is unlikely. It may be more expensive for each hospital to give its own preparatory course, but the plan has too many advantages to be abandoned, where it has once had a fair trial.

A preparatory course may be made such an unduly long and expensive procedure that it becomes prohibitive. Nurses grow weary of it, and the hospital treasury feels the burden. Yet very satisfactory preparatory courses, which have immensely benefited both nurses and patients, have been carried through for years, without much fuss or flurry, or without upsetting of the regular work of the school. Quite often, if one is content to begin in a modest way with a preparatory course of a month, it can in a year or two be increased, if it proves necessary, to two months. And a practical, carefully arranged

course of two months is as long as a great many schools have found desirable. If an instructor of probationers can be secured who can devote her whole time, or most of it, to teaching probationers, giving some hours of regular class work each day, and, in addition, giving practical demonstrations, and initiating them into the mysteries of the uses of various instruments and appliances in common use in hospitals, getting them started on the road to proficiency in bandaging and other nursing arts—that school is to be congratulated. An increasing number of schools each year are able to and find it expedient to install an instructor of probationers and adopt this plan. It has so many advantages that it is worth a very serious effort. But even if an instructor of probationers, to devote herself to this special work seems out of the question—much may be done with the present corps of officers and supervisors. Where there's a will there will usually be found a way.

Try to have at least three or four probationers arrive on the same day—or even two, because it simplifies the work of giving preparatory instruction if you can give it to several at the same time. Meet them that evening of their arrival, and talk with them carefully as to what will be expected of them, and explain the rules and regulations and the reasons why some of the special rules are needed. Give them a chapter in a text book to read and digest. Plan so that the head nurse can spend an hour or two with them the next morning. During that time she can give a lesson on bedmaking—an empty bed—on how to rub the back of a patient in bed, how to manage a bed pan, and the necessity of careful cleansing, and how to give a drink to a patient in bed. Keep a list of the things which have been taught and insist on each probationer keeping a list. Assign some chapters in the text book for study, and require at least six hours of study each day. Let the probationer go into the wards for a certain number of hours daily, to observe and to assist in doing the things which she has been taught to do. The senior nurse of the ward may show her

how to dust the ward, if there is time. She can be allowed to answer bells, to find out what is wanted. She can do this when such assistance is most needed and at the same time be getting started in her studies.

Make a list of the commonest and simplest nursing duties, keeping a room clean, making a bed with and without a patient, carrying trays and cleaning them up after a meal, washing faces and rubbing backs, giving drinks, managing bed pans and urinals, etc., shaking and adjusting pillows, etc., and initiate them into a certain number of new duties each day. By the end of one week they will have learned correct methods of quite a list of duties and will have gotten somewhat acquainted with the inside of the text books they are to use during the first year.

During the second week several new duties can be added, such as giving a cleansing bath, combing hair, perhaps a simple enema. With even this modest amount of instruction in her new duties, given by a head nurse who insists on correct methods, a probationer's path is made much easier, and the patients in the wards will get equal benefits. Even if not more than two weeks can be devoted to this special preparatory teaching, it is worth while. After a few classes have had the benefit of this instruction, it will probably be easy to continue it through a month or even two months. If six hours of study and instruction be planned for, for two months and three or four hours of practice in the wards, choosing for this latter, the busiest hours in the wards or the times when probationers are most needed, by the third month the probationer can go on regular duty, and be a really useful helper. There are certain things done in the ward which she must be instructed not to try to do, but she has had the immense benefit of being actually taught correct methods, not left to pick up methods by watching nurses, but a few weeks her senior, who know little more about correct methods than she. Will it pay? Just give such a plan a fair trial for one year and then answer your own question.



The Most Important Part of Medical Service

In his paper presented at the hospital section of the American Medical Association, Dr. Richard Cabot paid a high tribute to the work of the Boston Dispensary, of which Dr. Michael Davis is director. In discussing the prevailing superficial methods of dispensary work with the hurry and crowding, he claimed that the dispensary, which is the most important part of medical

service, hits the problem of disease at three most vital points, where the wards cannot.

1. It roots out foci disease in families or neighborhoods, following home the clues presented in the person of the dispensary patient, and so preventing disease.

2. It checks disease in its incipency.

3. It deals with chronic cases, and keeps the patients from relapsing into a discouraged and vegetative existence.

"Scientific management, efficiency tests," said Dr. Cabot, "have just begun to permeate our dispensaries, thanks to the splendid work of Michael Davis at the Boston Dispensary. We treat many cases of scabies, of varicose ulcer, of constipation, of hemorrhoids, of chorea, but what dispensary has adopted a system and followed up its results enough to know whether the time and money which has been spent in these cases has been wasted or not. Not one that I know of, except the Boston Dispensary.

"Some clinics are efficient, especially those in which treatment can be administered and finished at once. If you sew up a cut, or inject a dose of mercury or fit a flat-foot plate, you may be able to finish the work, then and there. It is the medical, neurologic, pediatric and skin clinics which are relatively slipshod.

"In like measure do we need the Christian spirit to make our treatment effective. We no longer administer our drugs with adjuvants to strengthen them, with demulcents to soften their harshness, and correctives to modify their one-sided action. All the more literally and practically, therefore, we need for efficient treatment a fund of patience, of cheerfulness, of readiness to be interested in each least promising and most unattractive individual in the clinic, that in my experience comes best out of the spirit of Christianity. Individuals must cooperate with us if we are to help their stomachs, their tuberculous lungs, their chronic joint troubles. The patients need heroism often if they are to overcome their troubles. They will not get it out of drugs or physical therapeutics. They must get it from their physicians. A physician who goes stale when he comes to treatment is nearly useless, and we all go stale without Christianity."



Hospital Annuals

In England hospital development may be reckoned by centuries. In the United States and Canada we have few hospitals which have passed the century mark. The Pennsylvania Hospital, Philadelphia, dates back to 1751, though its first

building was not completed till a few years later. Indeed, there are comparatively few institutions which can measure even a half century of growth. There are, however, an increasingly large number of hospitals which are able to look back over the progress of a quarter of a century. One of these institutions is the Morton Hospital, Taunton, Mass., of which its twenty-fifth anniversary report states that it "was incorporated in 1888, and at the time was the proprietor of neither real nor personal estate. Its only possession consisted of the engrossed copy of its charter, now hanging in its modest frame upon the walls of the office." Beginning in a modest way, in a large house which was given to the hospital, it has grown slowly but substantially. It rejoices now in the completion of a splendid new building, which is in itself a complete hospital, though the original buildings are still utilized for administration and other purposes.

The S. R. Smith Infirmary on Staten Island, N. Y., has issued its forty-eighth annual report, which states that the past year has been the most notable year in the history of the infirmary. made notable to a considerable extent by the splendidly successful twelve-day campaign for financial support, which resulted in 7,600 subscriptions, amounting to \$143,000. "Never before," states the trustees' report, "has an appeal aroused such general interest throughout the entire island, and never before has any public movement so swept aside sectional lines and diverse interests and united the whole community for one common object." Since 1891 no year has passed in which some substantial indication of progress has not been made. The report contains a chronicle of the notable events occurring each year since the beginning. This condensed history occupies but about three and a half pages of the report, and must have been of real interest to the friends of the hospital.



Metropolitan Hospital, Blackwell's Island

The Metropolitan Hospital, Blackwell's Island, includes a general hospital, containing 686 beds, and a tuberculosis department containing 909 beds. It carries a staff of thirty-five graduate supervising nurses, besides the superintendent. Like most other hospitals, large or small, it has serious problems in the care of this large number of sick. The opening of an emergency hospital branch on East 70th Street, has added to its responsibilities, while contributing to the variety of service and experience. The report of the superintendent of the training school states that "during the year electric lighting has been

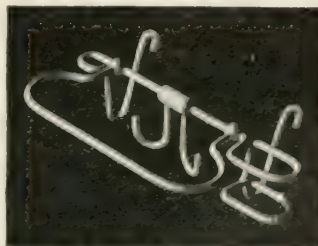
installed. All the wards in the main building have been painted, a large amount of surgical furniture received and two splendid new operating rooms opened. This all means fresh incentive for the nurses. There are, however, grave problems and responsibilities which confront us.

"Our school is comparatively unknown, and, because of this, we are unable to get the number of pupils requisite to care for the patients properly. We have urged for a great while that we be permitted to advertise in some of the good magazines. This we have been unable to accomplish because of a law which prohibits the city paying for advertising, other than in the *City Record*. The daily struggle of having the patients cared for with an inadequate number of nurses can scarcely be understood. The question of carrying on the work with an inadequate number of nurses is not the only difficulty that confronts us. Many of our head nurse positions are entirely underpaid, and because of this we have frequent changes and many trying situations which would not arise if the salaries paid were commensurate with responsibilities and length of service. Then, too, there are the orderlies and ward maids, who receive only \$180 per annum. It is needless to dwell on the numerous changes and the inferior and unsatisfactory services which we consequently receive from them. That we are able to manage with any degree of satisfaction is due to the fact that our assistants and many of the head nurses and pupils are willing to put so much of themselves into the work and to forget the number of hours or amount of energy which ought to constitute a day's work."

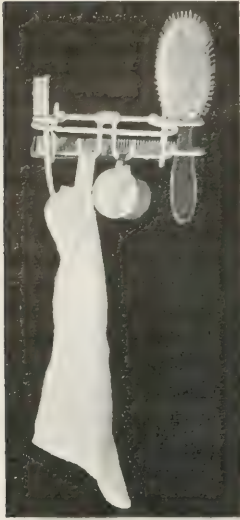


A Sanitary Toilet Rack

Nurses in children's hospitals and wards and convalescent homes, especially, will be interested in a sanitary toilet rack for holding all the individual necessities for the toilet—towel, wash cloth, bib, hair brush, comb, tooth brush and cup, in one convenient place, and yet run no risk of



BARTINE TOILETTE RACK



RACK IN USE

getting the articles mixed. The fixture shown in the cut was invented by Mr. Oliver H. Bartine, superintendent of the New York Hospital for Ruptured and Crippled. It occupies a space $7\frac{1}{2}$ inches long and 5 inches wide. It is so made that it can be attached to the wall in a common lavatory, or can be attached to the bedstead by boring two small holes; or it can be attached to the bedside table. In the cut the towel is omitted, so that the rack can be more plainly seen. Inquiries concerning it should be addressed to Mr. Bartine. A rack slightly different from the cut has been designed for use in tuberculosis hospitals, where most of the patients are able to go to a lavatory for toilet purposes. For such institutions the ring for the tooth brush is made large enough to hold a test tube containing solution for disinfection of the tooth brush.

The device seems so practical and useful for all sorts of places where ambulant patients and children are cared for—day nurseries and convalescent homes, as well as hospitals and tuberculosis sanitariums, that one can only wonder why it was not worked out long before.



A Marvelous Kitchen

Benjamin Baker, writing in the Boston Transcript, describes the kitchen of the new Peter Brigham Hospital at Boston as "marvelous." It is one of the things you will surely want to see when you go to the Boston convention. He says:

"Above the women's dormitory, which occupies the second floor of the domestic building,

comes the crown of the department, the kitchen and its appendages, which occupies the brilliantly lighted top story. At first sight it rather gives one the impression of some sort of engineering laboratory, for it appears to be largely filled with machinery. One corner is occupied by a roomy bakery, equipped with highly technical looking ovens, or perhaps one had better say baking machines. In the main kitchens are more machines, motor-driven potato parers, apple peelers and corers, bread crumbers, dish-washing machines and bottle cleaners. There are two huge cast-iron roasters, capable of taking care of cuts for a thousand diners. There are steam soup and stock kettles, iron boxes for the steam cooking of vegetables, hot plates, gas plates, fireless cookers, a gas oven and a coal oven, and probably much more. Adjoining the kitchen is a cold room, chilled by brine in pipes, and a small milk room, where the cans of milk will set in water kept cool by brine. Nearby is a motor-driven ice-cream freezer. All food for the patients, staff, nurses and help is prepared in this kitchen, with the exception of some special diets, which may when necessary be handled in the diet kitchens of the wards. All the dishes used in serving food to the patients are heated and placed under covers on trucks, which carry also the different kinds of food for each ward. The trucks are loaded by elevator from the kitchen to the lowest floor, and are then wheeled through the galleries to each ward. Here the food and dishes are sent up one story on elevators to the separate diet kitchens, where the hot foods, each kind in a cylindrical holder, are set at once into a steam-heated hot table. The transfer is quick and hot means hot."



A Portable House for a Babies' Summer Camp

A portable house, 10 x 22, large enough to accommodate twelve cribs or cots has been set up at the babies' summer camp conducted by the Visiting Nurse Association at Onondaga Valley, N. Y. It is believed the portable house, which can be opened on either side, will prove to have many advantages over the tents used by the same association last year.



An energetic short-term campaign to raise \$300,000 has been carried on in the interest of the Presbyterian Hospital, Pittsburgh. It has been conducted mainly through the membership and friends of Presbyterian churches in Allegheny County.

Book Reviews

Diet Lists of the Presbyterian Hospital, New York. Compiled, with Notes, by Herbert S. Carter, M.D., Assistant Visiting Physician to the Presbyterian Hospital, Associate in Medicine at Columbia University, etc. 12mo of 129 pages. Cloth, \$1.00 net. For sale by the Lakeside Publishing Company.

The diet lists contained in this book were prepared primarily for use in the Presbyterian Hospital of New York. Subsequently comments on the different diets were added in order to make the book more complete. It is an excellent work, and one which will be found most valuable to the nurse as well as the physician.



Massage—Its Principles and Technic. By Max Böhm, M.D., of Berlin, Germany. Edited, with an introduction, by Charles F. Painter, M.D., Professor of Orthopedic Surgery at Tufts Medical School, Boston. Octavo of 91 pages, with 97 illustrations. Cloth, \$1.75 net. For sale by Lakeside Publishing Co.

The methods described in this book are those employed in Hoffa Clinic (Germany), with great success. Dr. Böhm's familiarity with the system which Hoffa sanctioned in his clinic and his admirable illustrations of the applications of the principles outlined in the text, put the matter in such form that it can be readily understood. The book will also be found of value to nurses and those who are pursuing courses in medical gymnastics in schools of physical culture.

The following practical advice is given to the masseur on the care of the hands: "Every masseur has to care for his hands, as a surgeon does his instruments. Every masseur should avoid touching anything unclean or acid, as in this way there is danger of giving the patient skin disease. The finger-nails of the masseur must be clean, polished and cut close to avoid scratching. If the masseur is inclined to damp or perspiring hands, he can best overcome this by frequently washing with spirituous liquids; that is, eau de cologne, and powdering with rice powder. Immediately before the massage the masseur washes with soap

and water in the presence of the patient, to assure the latter that his hands are clean."



Private Duty Nursing. By Katherine De Witt. Price \$1.50 net. For sale by the Lakeside Publishing Company.

As its title suggests, this book is especially designed for the nurse in private practice. It is written with the object of giving to the new graduate advice and suggestions which will help her to overcome the difficulties which she may encounter in her career as a private nurse. No attempt has been made to go into the detail of nursing procedure, except to some extent in the subject of obstetrics. As the author made this branch of nursing her specialty for some years, she should be well qualified to instruct. Much that is given in this section is based on the author's contribution to De Lee's "Obstetrics."

The author presents her subject with conciseness and clearness of expression, and an easy style which is quite delightful. It is unfortunate that so able a production should have its usefulness handicapped by the evident desire to make it serve not only as a guide to the private duty nurse but as an advertising medium for another publication and its editor.



Applied Bacteriology for Nurses. By Charles F. Bolduan, M.D., Assistant to the General Medical Officer, Department of Health, City of New York, and Marie Grund, M.D., Bacteriologist, Department of Health, City of New York, 12mo of 166 pages, illustrated. Cloth, \$1.25 net. For sale by Lakeside Publishing Co.

In the preparation of this work emphasis has been laid on the immediate application of the subject to nursing, and only enough general bacteriology has been introduced to give the student a clear conception of the principles underlying the work. The book is well prepared, and carefully written, in plain and concise manner. The information given is the very latest, and it should prove a good working text-book.

(Continued in Publisher's Desk)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Duties in the Home

To the Editor of The Trained Nurse:

I have been studying the examination questions in the July number of THE TRAINED NURSE AND HOSPITAL REVIEW, and would like to know what other nurses think about question 8 in the list of questions on hygiene, namely, "Has the nurse any duties in the home other than the care of the patient?"

Personally I feel that in many homes my duties include many things outside of the sick room. This is usually so in confinement cases, and when the mother is the patient, whatever the illness. I frequently spend as much time as the case will permit with the younger children, see that they are washed and dressed properly in the morning, when there is usually most to do, and by planning to amuse them they bother their mother less.

Where there is not an abundance of help, I always put the soiled linen to soak, and wash out the baby's napkins if my time permits. In one country home, where there was only a young girl to do the work of the house, I baked the bread, and really enjoyed getting my hands in the dough once more. I have never felt that it hurt me in the least to be helpful in the home outside the sick room. May we have the subject discussed in the magazine. H. B. ELLSWORTH, Iowa.



An Experience

To the Editor of The Trained Nurse:

May I tell you of an experience I had this spring. One Saturday evening I just reached home after being at a tuberculosis hospital for some time, when I received a call from the registry asking me to go out on a private tuberculosis case. I had heard of this case for some time, and my first impulse was to refuse, but when they told me they could not get a nurse to keep the case I decided it was my duty to go. When I arrived I found the family lived in two small rooms in the back of a small candy store, which was their only means of support. The patient was a man of thirty-four years old and was in the very last stages; he had two hemorrhages within

ten days and was quite delirious at times. His bed had not been changed for almost a week. The first thing I did the next morning—as it was late at night when I got there—was to make up a hospital bed for him. He had a bed sore on his left hip and they had no means of buying an air cushion, so I made one of some cotton mattress tufting and cheesecloth, which was a decided help to him. They had been feeding him on what they called barley soup, but which in reality was only stale oatmeal and water. I made him some beef juice and gave him plenty of egg-nog and milk and broths. These things were greatly appreciated by the attending physician, patient and the family. The patient refused food and medicine from all other hands than mine. He died on the following Thursday. Temperature went down to 95.6° after being 103° continually. I could not get near a 'phone to tell the doctor till a few minutes before he died. Even though the case was hopeless from the first, I felt well repaid for my work, and thankful that I had been able to make his last few days more comfortable.

(Miss) B. Post.



Hemorrhages in the New-Born

To the Editor of The Trained Nurse:

I have just had a new-born baby that had hemorrhages from the uterus. We gave it ergot and adrenaline, also three tubes of serum, but nothing would clot the blood. We also gave it saline enema. We fed it by gavage every two hours, and for two days it took its nourishment with a spoon.

The temperature was as high as 106 $\frac{2}{3}$ °. The sixth day it passed away. The doctor said he could not tell the cause of these hemorrhages, but thought it might be something that took place before birth.

If any nurses have had experiences in similar cases I would be much obliged to hear from them.

If the cause can be explained it will be a great help to me.

EMMA LOUISE MAU, R.N.

[Dr. Benjamin Knox Rachford, in his book, "Diseases of Children," states that nearly all

hemorrhages in the new-born are believed to be due to some kind of infection. "Congenital syphilis may have among its earliest manifestations hemorrhages from the nose, mouth and other mucous membranes." He also states that in most cases these can be controlled, but some go on to a fatal termination.—ED.]



What Do You Think About It?

To the Editor of The Trained Nurse:

Time and again I see articles in which it is stated that it is not proper for a nurse to ask a doctor the nature of the medicine he is giving. Now I for one strongly resent the statement or even the suggestion that a nurse should not ask the doctor the nature of the medicine he is giving, and the result he expects from it. I would not work for a doctor who refused me this information. If a nurse is expected to act like an intelligent human being, she should be treated like one. If anything goes wrong in the sick room, an accident or a death under circumstances other than usual, the nurse has to bear her part of it—has to go to court perhaps, and stand an examination, and the fact that she can plead ignorance does not save her from this ordeal. Therefore nothing should be kept from her in the care of the patient. It is just as criminal for a doctor to put medicine in a nurse's hands without telling her all about it, as it would be for him to put a pistol into her hands and not tell her it was loaded. I believe many nurses will agree with me.

AGNES CARSON.



Working Hours for Nurses

To the Editor of The Trained Nurse:

In answer to your inquiry regarding pupil nurses in California being subject to labor laws, I would say that I have an opinion before reading the article mentioned; if that article changes my opinion, I will let you know.

If the hospitals were all on a two years' course basis, I firmly believe any nurse not strong enough to stand twelve hours work per day should at once give up and seek other employment. Nurses should be strong physically, mentally and spiritually. Any young woman who cannot learn in two years' time how to take care of the sick is not normal, and should not be allowed to nurse. If any hospital can in three years' training eventually make her fit, then she should be "treated tenderly and handled with care." For her, then, enforce the labor laws. But what will she amount to as a private duty

nurse, if she cannot stand working twelve hours.

We are forever harping on the problem of caring for the great middle class, yet forever go on training young women three years, away from private homes, from home ties and into hospital ideas, instead of the home management of sickness. Home is the ideal place to live and to die. The hospital should exist only for those who have no home or for those who cannot be cared for properly in the home. Twelve hours' work would not be half so hard on some of the pupils, as certain so-called "recreations" they indulge in when off duty.

B. M., Ohio.



To the Editor of The Trained Nurse:

Having been in the practice of nursing eighteen years, and in that time having done much hospital work, it is my belief that each hospital should control its own working hours for pupil nurses, labor laws having no control over the vocation of nursing.

NELLIE S. LOWE.



To the Editor of The Trained Nurse:

I do not approve of pupil or any other nurses coming or being put under the labor laws. Some other remedy can be found. "Nursing as a Vocation," by Dr. George W. Gay, expresses my idea of the woman fitted for a nurse. No woman should think of taking up the work of nursing, unless she is sure that it is her vocation.

B. HAYES.



Giving Credit

To the Editor of The Trained Nurse:

I have been very successful the last five years of private nursing, and I attribute considerable credit for this to THE TRAINED NURSE AND HOSPITAL REVIEW. I get so many good things from it that I do not think that I could be very successful without it. With my renewal I am sending one new subscriber.

E. E., R.N.



A Few Words from the Editors

It seems almost incredible that we must again call attention to the neglect of contributors to send with their contributions their names and addresses. You cannot have your letter appear in this department unless the editors have your name and address. If you do not wish to sign your name to your published contribution we will respect your wishes, but for our private information we must have your name and address. Do not waste valuable time sending an anonymous letter.



OFFICERS AND GRADUATING CLASS OF NURSES, BUTLER HOSPITAL, PROVIDENCE, R. I.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OF POLICY OF THIS MAGAZINE

National League of Nursing Education

The Nineteenth Annual Meeting of the National League of Nursing Education was held at Atlantic City, N. J., June 23, 24, 25, 1913. The morning session of the 23d was held at the Steel Pier, and was given over to reports of officers, council, delegates and special and standing committees. The evening sessions were held at the hotels and consisted of the following:

Conferences—Teachers of the Preliminary Instruction in Schools for Nurses, Martha S. J. Eakins, R.N., chairman. Standards of Admission to Schools for Nurses, Elizabeth G. Flaws, R.N., chairman. Affiliation, Clara D. Noyes, chairman.

Thursday, June 24, Morning Session, Steel Pier—Composite Report of Visitors to the Congress of Hygiene and Demography—Harriet Fulmer, R.N., Chicago, Ill. Report of Auditors. Unfinished business. The Factors of Elimination in Schools for Nurses.

(a) Reasons for Pupils Leaving Schools for Nurses Before Finishing their Course of Instruction.

(b) Reasons Why Eligible Pupils Do Not Enter Schools for Nurses.—Mrs. F. E. S. Smith, R.N., Kansas City, Mo.

Afternoon Session—Reports from the Conferences held Monday Evening—Secretaries of respective groups.

Nursing Ethics and Discipline—Charlotte M. Perry, R.N., The Malden Hospital, Malden, Mass.

Wednesday, June 25, Morning Session, Steel Pier—Unfinished business and election of officers.

Afternoon Session in connection with the formal opening of the American Nurses' Association.

The election for officers resulted as follows: President, Clara D. Noyes, N. Y.; Secretary, Sara E. Parsons, Massachusetts; Treasurer, Mary W. McKechnie, New York. Annual meeting, St. Louis, Mo. This report was unintentionally omitted from August number.



Rhode Island

Nineteen graduate nurses received their diplomas on June 17, at the graduation exercises at the Butler Hospital Training School, Providence.

The school was established in 1895, and is now affiliated with the Providence District Nursing

Association and Bellevue and Allied Hospitals. The curriculum extends over a period of three years, one year of which is spent by the women pupils at Fordham Hospital, New York.

Diplomas were presented by Mr. Charles H. Merriman, president of the board of trustees. The following is a list of the graduates who completed the three-year course: Marie Louise Bisson, Mary E. Corcoran, Emma D. Danielson, Martha Frances Emerson, Margaret Kennedy, Ethel Louise Longley, Lulu McMorris, Vera Gertrude MacNeill, Helen Gertrude Mitson, Florence Louise Somers, Ethel Francesca Washburn and Katherine I. Wyatt. The following men were also awarded diplomas, having completed a two-year course: Everett Gould Bennett, James Joseph Bertram, Harry Edward Chase, Smith Francis, Jerome Monaghan, Sylvester O'Brien and Carroll H. Wilson.

The annual address to the graduating class was delivered by Dr. Charles W. Page, of Hartford, Conn. His theme was "The Life of Dorothea L. Dix," who in the forties probably did more for the welfare of the insane in the United States and Canada than any other woman, or, indeed, any single person, in this or any other country.

The following evening the first dinner to be given a graduating class of the Butler Hospital Training School for Nurses by the Alumnae Association of the school was given the members of the Class of 1913. In response to the first toast of the evening, "The Training School," Miss Minnie E. Young, president of the Association, said in part:

"The real worth of a training school for nurses must be measured by the success of its graduates, and as our school is one of the youngest training schools for nurses in the country, I would like to call your attention to part of the record that has been made by those of the alumnae who have gone from here. Among our graduates there are the following: A member of the Class of '97, who is doing foreign service work for the United States Government; a member of '99 who is president of the State Board of Examiners for Nurses in Montana; one graduate who is superintendent of

a hospital; one of our number has become a physician; one is teaching nursing in an industrial school. Several are teaching mental nursing in training schools in different parts of the country; we have graduates who are in charge of the psychopathic wards of Johns Hopkins Hospital in Baltimore, and of Bellevue and Allied Hospitals in New York City; several are superintendents of training schools for nurses; several are in charge of district nursing work in different parts of the country, and several more are making excellent records as district nurses who are not in charge of the districts in which they are working. For a comparatively young school we think we are making a very excellent record with our graduates, and we of the preceding classes tell you this that you also may aim high in your life work, and we shall be much pleased if your aim is so good that the record of the Class of 1913 proves to be well above that of any class that has been graduated previous to this year."

Dr. Hall, in responding to a toast, said in part: "It is not my purpose to remind you of sins of omission nor to suggest the possibility of those of a prospective commission, a process which is in unfortunate vogue in the present era, whenever graduates are gathered together for the purpose of celebrating one of the most happy, as well as important occasions in a nurse's life. Hoping that you will forget for the moment my usual rôle as an instructor, I fain would suggest the desirability of cultivating hereafter two invaluable attributes of success—first, that quality which the essayist, Benson, 'would exalt to the heirarchy of Christian graces—Faith, Hope and Charity—namely, the sense of humor; not a sense of irresponsible merriment, but a keen perception of the incongruities and absurdities of life.'" After humorous allusions to characteristic experiences awaiting the advent of the several members of the class, the doctor said in conclusion: "Again, that attribute of success, viz.: the personality, which uplifts suffering humanity in whatever guise it may be found. Permit me to exhort that whatever may be the fate of the invaluable bit of parchment itself which you have honorably won, you keep ever in view the typifying emblem inscribed upon its surface—that emblem which as a seal was suggested by Longfellow's tribute to Florence Nightingale in the poem, 'Santa Filomena,' ending:

"A lady with a lamp shall stand
In the great history of the land,
A noble type of good—
Heroic womanhood.

Nor ever shall be wanting here
The palm, the lily and the spear—
The symbols that of yore
Saint Filomena bore.'

"May it be said of you by every sufferer to whom you minister, as was once said of an estimable sister, namely: 'One feels as she enters the room as though a fresh candle had been lighted.'"

Miss Cleland, in responding to a personal toast, said in part: "Of the Class of 1913 we have every reason to be proud. A useful future awaits you. Your friends are confident you will succeed. Personal reputation and that of your school and profession lie in your keeping and individual determination can make or mar it. It is given to you to render the sweetest, most gentle and most noble service in the world. The greatest joy this life affords is in helping some one and that you can accomplish daily if you so desire. In fact, the best there is in the whole world can be summed up in the one word, 'Service.' God speed every one of your class on its mission!"

A class prophecy abounding in humorous bits of fancy was given by Miss Florence L. Somers. The evening's function was closed by the singing of "Auld Lang Syne."



New York

The twenty-first graduating exercises for the Class 1913 of Binghamton State Hospital Training School for Nurses, were held in the Assembly Hall on July 1, the eleven graduates being: Misses Kathryn Donahue, Nora Creagh, Ruth Hull, Lida Silsbee, Rose Birdsall, Nellie Buckley, Mary Creagh, Jennie Cleo, Carrie Layton; Messrs. Clarence Woodruff and Aage Pengel.

After the entrance march through the tastefully decorated hall to the strains of Curran's able orchestra, the medical staff, the principal of the training school, Mrs. Mary J. Vreeland, and the graduates took their places on the stage.

The invocation was given by the Rev. James F. Halliday, whereupon the superintendent, Dr. Charles G. Wagner, introduced Dr. Robert M. Elliott, superintendent of Willard State Hospital, as the speaker of the evening. Dr. Elliott dwelt on the nursing of the insane; compared the State Hospital nurse very favorably with the general hospital nurse; spoke of the present excellence of the Binghamton State Hospital Training School and gave the graduates advice for their future welfare.

Mrs. Edward S. Grainey and Dr. Edward Gillespie rendered several solo vocal selections, which were greatly appreciated.



PRINCIPAL AND GRADUATES, STATE HOSPITAL, BINGHAMTON, N. Y.

Dr. Wagner, the superintendent, spoke to the graduates in his usual pleasing and interesting manner, touching on their record as a class, and their futures as nurses, and, after administering the Hippocratic oath, presented the diplomas. Calling on Mrs. Vreeland he thanked her, on behalf of the graduates for her splendid work, and presented her, from them, with a Thermos carafe in silver.

After the graduates' reception a tasty supper was served, during which each guest was presented with a copy of *The Meteor*, a little magazine compiled and published by the graduates and their friends for the occasion, containing articles of interest to the nursing world; humorous tit-bits pertaining to the class work and an article expressing the graduates' appreciation and staunch loyalty to Mrs. Vreeland.

Dancing then became general, lasting till midnight, closing a pleasant evening, which will long be remembered by all present.

Since the appointment of a principal of the training school in Binghamton State Hospital two years ago, and the registration of the school with the Board of Education, the standard of this school has been raised, till it now closely equals that of any training school in general hospitals. The necessarily limited experience in obstetrics and pediatrics is offset by the unlimited experience in psychiatry, the lack of which in many schools is persistently complained of by practising physicians.

The school, which gives a two-years' course, receives both male and female pupils, the requirements being: Satisfactory evidence of completion of one year's work in high school, or passing of an examination in elementary English branches, examinations being held every September.

Male pupil nurses receive \$26 per month and maintenance, this salary being increased at the rate of \$2 per month at the end of each six months, till the maximum of \$34 has been reached at the end of the course.

Female pupil nurses receive \$19 per month, with \$25 as maximum.

The term of probation is three months, with full pay.

Graduate nurses receive an increase of \$5 per month above maximum, and are given preference in promotions, if otherwise eligible, which enables them to reach a salary of \$47 per month.

There is a vacation allowance of fourteen days annually, every third Sunday, one afternoon a week and half of each holiday, all with full pay. Some of the graduates of this school are now holding leading positions in the nursing world.

The National Civic Federation has pronounced the final authoritative denial of the charge first set going by the Illinois vice commission in Chicago that low wages of girls and women in industry are a direct cause of much immorality. In an exhaustive report dealing with the New York department stores the Federation declares that "after an investigation of these stores one by one,

as careful as circumstances would permit, it is glad to be able to certify that there is no substantial foundation whatever for the belief that anything but a negligible percentage of immorality is to be found among department store employees. It regards the general statement to the contrary as cruel slanders that do a gross injustice to a large army of hard-working, self-respecting women.

Our readers will be interested to know that hospital facilities were found in all the stores, with one exception. Some of the nurses are practical welfare workers who are the "guides, philosophers and friends" of the young girls in the employ of the house. At the Greenhut-Siegel-Cooper stores an employee may spend the entire day in one of the hospital beds if indisposed, and get the day's wage at the same time.

One of the finest store hospitals in the city is at McCreery's Thirty-fourth Street store, and an especially attractive hospital is that of Abraham & Straus. The last word in store hospitals is that of Altman & Co., according to the report, where there are three large rooms, besides an emergency ward on another floor. Here 140 cases are treated every week.

Special attention is given in most of the stores to the aiding of employees found to be tuberculous. The report abounds with instances where such have been sent away at the expense of the firms for months until the disease, often in its incipient stage, was cured or arrested. Arrangements are made for taking the employees to distant country retreats, where they can have special attention. The wife of a member of the firm of Gimbel Brothers has established the Barbara Rest at West New Brighton.

Lord & Taylor and Bloomingdale Brothers provide dentists for their employees. The Bloomingdales have the eyes of all who work for them examined free by an oculist and furnish the eyeglasses at a low rate when required.

Chiropodists treat the feet of the employees free at the stores of the Simpson-Crawford Company and at the Greenhut-Siegel-Cooper Company. In many of the stores there are loan associations and insurance arrangements. One of the most interesting of these is the "Don't Worry Club," at Bloomingdales.

Mrs. Helen Hartley Jenkins has again played the part of "Angel," and this time Miss Annie W. Goodrich is the beneficiary. Mrs. Jenkins has supplied the funds to create a position for Miss Goodrich at Teachers' College, in Miss Nutting's department. Miss Goodrich's resignation as in-

spector of nurse training schools will take effect February, 1914.

The seventh annual commencement exercises of the Training School for Nurses of the Thanksgiving Hospital, Cooperstown, were held in the High School Assembly Hall, Tuesday evening, July 15.

The exercises were opened with prayer by Rev. Albert Clark.

Mr. Lee B. Cruttenden, president of the board, introduced the speaker, Dr. Willis Lord, of Utica, N. Y., who made a splendid address, taking as his subject, "Nursing the Sick."

The diplomas were presented by Mr. Cruttenden, and the pins by Ella R. Falvey, superintendent of the hospital.

There was a fine musical program and a reception at the Nurses' Home.

The graduates are: A. Lillian McGarry, Anna S. Hull, Frederika Loewer, Gladys E. Jones, Gertrude O'Keefe, Violet Whitham, Mabel Gamble Culham.

Miss Blanche Niles, graduate of the Clifton Springs Sanitarium, has accepted the position as superintendent of the Clifton Springs Training School for Nurses. For a number of years Miss Niles was Dr. Tinker's operating nurse in Ithaca.

Mrs. Lena M. Conklin, graduate of the Clifton Springs Sanitarium, is school nurse in Ithaca.



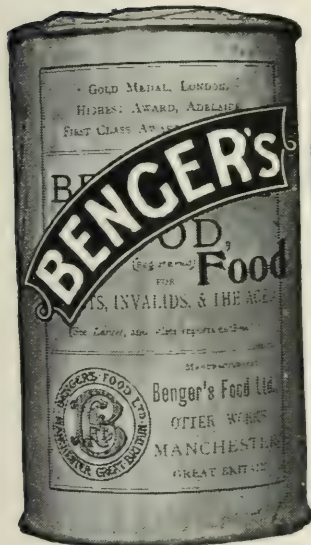
Connecticut

The graduating exercises of the class of 1913, Memorial Hospital Training School for Nurses, New London, Conn., were held in Lyric Hall, Thursday evening, July 17, Honorable William Belcher, presiding. The exercises opened with an orchestra selection, followed by the invocation by Rev. J. R. Danforth; address, Dr. E. C. Chipman; awarding of diplomas, Dr. J. G. Stanton; presentation of school pins, gift of Mrs. Herbut; presentation of companion cases, gift of Mr. Frank L. Palmer. The graduates are: Charlotte Teresa Davis, Effie MacDonald, Mabel Adele Reynolds, Katherine Agnes Shea, Sara Corrigan, Mary Elizabeth Carroll, Marion Irene Avery. An informal reception followed the exercises to which all were invited.

Miss E. L. Hehir, class of 1909, Connecticut Training School for Nurses, New Haven, has passed her examinations for Army Nurse Corps, and is awaiting orders.

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Electro-Therapy

The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

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Pupils are taught the use of Electric Light, Dry Hot Air Baths, hydriatic douche-table; we have all facilities for the administration of the various full and medicated baths, half baths, packs, and other hydriatic procedures. Schott exercises are taught in connection with the Nauheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperemia, and various other apparatus are thoroughly demonstrated and used in practical work on patients.

Theoretical and practical instruction, Lectures, Quizzes, and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Term of course: Four Months. Diploma. Particulars and illustrated prospectus upon request.

Fall Classes open Sept. 23 and Nov. 19, 1913

Winter Classes open Jan. 7 and Mar. 18, 1914

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutic Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania.)

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College.)

B. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.)

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyrra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz } Penn. Orth. Institute.

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District of Columbia

The Nurses' Examining Board of the District of Columbia will hold an examination of applicants for registration on Wednesday, November 12-13. Apply by mail to secretary, Miss Katherine Douglas, 418 East Capitol Street, Washington, for blanks, which must be filled in and returned by October 12-13.



West Virginia

On July 21, 1913, occurred the death of Miss Rebecca Garvey, at her home, Pence Springs, West Va., after an illness of several months. Miss Garvey was a graduate of the North Wheeling Hospital Training School for Nurses, 1911. was an active member of the Hospital Alumnae, also of the Ohio County and West Virginia State Associations of Graduate Nurses. The Ohio County Association of Graduate Nurses have passed the following resolutions:

Whereas, it has pleased Our Heavenly Father to take to himself one of our members, Miss Rebecca Garvey, who was loved by many friends and also by those to whom she ministered in her profession, therefore be it

Resolved, that we, members of the Ohio County Association of Graduate Nurses, express our condolence to her relatives and friends and sincere appreciation of her many excellent qualities, her loving disposition and loyalty to her duties and to the nursing organizations to which she belonged.

Resolved, that a copy of these resolutions be sent to her family, to the nursing journals and placed in the minutes of the association.



Missouri

Because the health department bill, submitted to the city council by the Visiting Nurses' Association of Springfield, and the Greene County Medical Association, provides that the health commissioner of the city need not be a physician, opposition to the bill has developed among certain Springfield physicians, who do not believe in allowing a layman to supervise the sanitary conditions of the city.

The members of the Visiting Nurse Association take the stand that a physician sufficiently efficient to be a health commissioner will be so busy with his regular practice that he will have to neglect the business of looking after the health of the city, and could not, for the small salary available at this time, afford to give much of his time to the health commissioner's office. A layman, with

good common sense and interest in the work, would do better as a health commissioner than a busy physician.



Kansas

AN ACT

TO PROVIDE FOR THE EXAMINATION, REGISTRATION AND REGULATION OF TRAINED NURSES, AND PRESCRIBING PENALTIES FOR THE VIOLATION THEREOF.

Be it enacted by the Legislature of the State of Kansas:

SECTION 1. That upon taking effect of this Act the Governor shall appoint a board of examiners, four of whom shall be graduated nurses appointed from a list of twenty nominated by the Kansas State Association of Nurses, together with the secretary of the State Board of Medical Registration and Examination, constitute a board for the examination of trained nurses. Such appointees shall be chosen from the actual residents of the State, and, except the registered physician, from nurses who are actively engaged in nursing, and who have graduated from reputable training schools giving a two years' course of training, who have served in hospitals of good standing having a charter, and who have had five years' experience in nursing. The four persons so appointed shall be appointed in two classes as follows: Two shall be appointed to hold office for two years and two shall be appointed to hold office for four years, beginning with the first day of July, 1913, and until their successors are appointed and qualified, and thereafter the Governor shall appoint on or before the 1st day of July in every odd-numbered year, persons qualified as aforesaid, in each class, to hold office for four years from the 1st day of July, next ensuing. Each member of said board shall take and subscribe the oath prescribed by law for State officers, which oath shall be filed with the Secretary of State. In the event the appointment of the successor is not made on the expiration of the term of any member, such member of said board shall hold office until such successor is duly appointed and qualified. The Governor shall fill vacancies occasioned by death or otherwise, and may remove any member for the continued neglect of duties required by this Act. Vacancies in said board shall be filled in accordance with the provisions of this Act for the establishment of the original board, and persons appointed to fill vacancies shall be selected from registered nurses and shall hold office during the unexpired portion of the term for which their predecessors were appointed.

SEC. 2. The members of said board shall meet on the first Tuesday in July, 1913, at Topeka, and shall elect a president, vice-president and secretary from their own number, each of whom shall hold his or her respective office for two years. The board shall adopt rules and regulations not inconsistent with this Act, to govern its proceedings, and shall have a seal, of which the secretary shall have the care and custody. The secretary shall have the power and authority to administer oaths. He or she shall keep a record of all pro-

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ceedings of the board, including a register of the names of all nurses duly registered under this Act, which shall be open at all reasonable times to public scrutiny. Three members shall constitute a quorum for the transaction of business. Said board shall hold one regular meeting in each year and such additional meetings at such times and places as it may determine. The secretary shall give to the State Treasurer a bond for the faithful discharge of his or her duties in the penal sum of one thousand dollars (\$1,000), with one or more sufficient sureties to be approved by the Governor.

SEC. 3. On and after the 1st day of July, 1913, all persons engaged in the practice of professional nursing and all who may wish to begin the same in the State, except as hereinafter provided, shall make application to said board to be registered and to be furnished a certificate of registration. This registration and certificate shall be granted to such applicants as shall give satisfactory proof of being twenty-one years of age, of good moral character, and of having received the equivalent of a common school education. Each applicant shall comply with at least one of the following conditions: WITHOUT EXAMINATION—First, the applicant shall be registered and shall receive a certificate of registration without examination, if he or she shall present a diploma issued before July 1, 1913, by a training school connected with a general hospital, State hospital, sanatorium or special hospital holding a charter, where a two-years' course of training is required, with systematic instruction in the hospitals, or from one or more general hospitals of good standing, supplying a systematic training corresponding to the above standard. Second, the applicant shall be registered and receive a certificate thereof without examination, if he or she shall have a diploma from a training school connected with the general hospital, sanatorium or special hospital, giving a two years' training and having a charter. Third, the applicant shall be registered and given a certificate after July 1, 1913, who shall present to the board a certified copy of or certificate of registration or license from another State of the union, where the requirements for registration shall be deemed by said board to be equivalent to those of this act, upon payment of the usual fee for certificate thereof. Fourth, after July 1, 1913, the applicant shall be registered and given a certificate thereof, if he or she shall have a diploma from a training school connected with a hospital holding a charter requiring a two years' course of training with systematic instruction in a general hospital, State hospital, sanatorium or special hospital in good standing, and upon passing such examination before the board at such time and place as it may designate and in accordance with the rules prescribed by the board, which rules shall be furnished from time to time to any hospital, sanatorium or special hospital applying therefor.

SEC. 4. Every applicant for registration shall pay a fee of five dollars (\$5.00) upon filing the application. Upon receiving a certificate of registration the person to whom it is issued shall cause a copy thereof to be filed with the county clerk of the county in which such person resided, accompanied with an affidavit of his or her iden-

tity as the person to whom the same was issued, and his or her place of residence at the time of examination and registration. The nurse shall be prepared whenever requested to show his or her certificate of registration. The county clerk shall charge fifty cents for registering such certificate.

SEC. 5. It shall be the duty of the secretary of said board to file with the Secretary of State on or before the first days of the months of January, April, July and October in each year a list of all certificates of registration issued by said board during the preceding quarterly period, with the names and residences of the persons to whom such certificate has been issued. The members of said board shall each receive the compensation of five dollars (\$5.00) per day for each day actually and necessarily engaged in the performance of the duties of their office, which, together with all other legitimate expenses occurred in the performance of such duties shall be paid from fees received by the board under the provisions of this Act, and no part of the expenses of said board shall at any time be paid out of the State treasury. All moneys in excess of per diem allowance and other expenses shall be held by the secretary of said board as a special fund for meeting the expenses of said board, and such board shall submit to the Governor a report of its proceedings, verified by the president and secretary thereof, on or before the 15th day of December of each year, together with an account of moneys received and disbursed by them in pursuance of this Act. The secretary shall receive extra compensation at the rate of one hundred dollars (\$100) per annum, payable quarterly.

SEC. 6. A trained nurse, within the meaning of this Act, is one who for hire or reward nurses, attends and administers to the sick or afflicted and who has a diploma from a chartered training school and who, under the terms of this Act, is entitled to receive a certificate of registration.

SEC. 7. Any person who shall have complied with the provisions of this Act and received a certificate of registration shall be styled and known as a registered nurse, and be entitled to append the letters "R.N." to his or her name.

SEC. 8. Any persons violating the provisions of this Act shall be guilty of misdemeanor, and upon conviction shall be punished by a fine of not less than fifty or more than two hundred dollars, and it shall be the duty of the respective prosecutors of the pleas of the counties of this State to prosecute violation of the provisions of this Act.

SEC. 9. Any person who shall swear falsely in any affidavit or oral testimony made or given by virtue of the provisions of this Act for the regulations of said board of registration shall be guilty of perjury.

SEC. 10. When any person shall append the letters "R.N." or shall use any other letter, figures, or sign to indicate that he or she is a registered nurse, it shall be *prima facie* evidence of practising professional nursing as a registered or trained nurse within the meaning of this Act.

SEC. 11. This Act shall not apply to the gratuitous nursing of the sick by friends or by members of the family, nor to any person nursing the sick for hire, who shall not in any way assume to be a registered or trained nurse; nor shall it be con-



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strued to interfere in any manner with religious communities having charge of hospitals or caring for the sick in their own homes.

SEC. 12. Said board shall have the power to revoke any certificate issued by said board in accordance with the provisions of this Act and for the following causes: Gross incompetency, violations of the provisions of this Act or anything derogatory to the morals or standing of the profession of nursing as may be determined by the board. Provided that such revocation shall be made only upon the specific charges in writing under oath, filed with the secretary, and by a majority vote of the whole board, a certified copy of such charges and thirty days' notice of the hearing of the same having been personally served upon the holder of such certificate. Said board shall be authorized to furnish a list of the names and addresses of those whose certificates have been revoked to the boards of examiners of other States upon the written request of such board.

SEC. 13. This Act shall take effect and be in force from and after its publication in the official State paper.

On Tuesday evening, July 8, a large number of the graduates of the training school of the Wichita Hospital met for the purpose of organizing an Alumnae Association. Great interest was manifested by those present in the formation of the organization, and that it will prove beneficial to the interests of the members is believed by all. Any graduate wishing to become a member, please notify the secretary. The following officers were elected: President, Miss Bertha Stark, Wichita; first vice-president, Miss Bessie Baldwin, Topeka; second vice-president, Miss Elizabeth Barton, Wichita; secretary and treasurer, Miss Lydia Blakely, Wichita; assistant secretary and treasurer, Mrs. Ridgway Rider, Oklahoma City, Okla.



Minnesota

Miss Lydia H. Keller, of the Cobb Hospital, St. Paul, has been appointed a member of the State Board of Examiners of Nurses by Governor Eberhart. Miss Keller succeeds Miss Lina Holl, of St. Paul. For some time the smaller hospitals have been demanding a representative on the board and their request was granted by the naming of Miss Keller.



Idaho

The Idaho State Board of Examiners and Registration of Graduate Nurses will hold an examination in Cœur d'Alene the 2d and 3d of September, and in Boise the 10th and 11th of September.

Those desiring applications address Napina Hanley, 309 Washington Street, Boise, Idaho.

California

The city of Los Angeles has passed an ordinance creating a bureau of municipal nursing. The text of the ordinance is:

The mayor and council of the city of Los Angeles do ordain as follows:

Section 1. There is hereby created in the health department of the city of Los Angeles a bureau to be designated as the bureau of municipal nursing. Said bureau shall be conducted by a commission of five persons, not more than three of whom shall be of one sex, and not more than three of whom shall be physicians or nurses. Said commissioners shall be appointed by the health commissioner for such terms as may be designated by him, but in no event to exceed four years from the date of appointment, and all said members shall serve without compensation.

The said commission shall organize by electing one of its members as president, and may elect such other officers as it may deem necessary. Said commission shall hold a regular meeting at least once in every two weeks, and three members shall constitute a quorum.

Sec. 2. Said commission shall, under the direction and supervision of the health commissioner, take charge of school nursing, instructive visiting nursing, contagious nursing, emergency nursing and nurses for investigation and inspection. Said commission shall from time to time recommend to the health commissioner such action with reference to proper methods to pursue in the carrying out of municipal nursing as in its judgment may be deemed necessary.

Sec. 3. There shall be employed in the bureau of municipal nursing one chief nurse, who shall be a graduate of some recognized training school and also expert in medical social service, and who shall receive a salary of \$100 per month; (seventeen nurses who shall each receive a salary of \$75 per month during the first year in service; \$80 per month during the second year in service; \$85 per month during the third year in service and \$90 per month thereafter.) All such appointments shall be made by the health commissioner, and such persons shall perform such duties as such commission, under the direction of the health commissioner, shall prescribe.

Sec. 4. The city clerk shall certify to the passage of this ordinance by a unanimous vote and cause the same to be published once in the Los Angeles *Daily Journal*, etc.

Rather conflicting reports come from California regarding the recently enacted law regulating the hours of pupil nurses in the training school. One

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report states that the authorities of one of the large hospitals of San Francisco will make a test case on the ground that a student nurse is not an employee; another report is to the effect that a call will be made upon the hospitals of the State to contribute a fund sufficient to invoke a referendum vote; and still another report is to the effect that this plan has been abandoned.



Alaska

Miss Huntoon, who is in charge of the Episcopal Mission Hospital at Ketchikan, Alaska, will go back to "The States" next month for a vacation.

Miss Rhea Pumphrey, a graduate of Garfield Memorial Hospital at Washington, has gone to Alakakla, Alaska, to be in the Mission House of St. John in the Wilderness. She sailed on the *Mariposa*, from Seattle, July 12.

Miss G. L. Allen, of Helena, Mont., sailed from Seattle, Wash., on the steamer *Mariposa*, to take position at the Hospital of the Good Samaritan at Valdez, Alaska.



Canada

The Home Economics Societies of Manitoba, when in session in February, passed a resolution memorializing the Dominion Government in the matter of giving aid to the Victorian Order of Nurses. This Order aims to send nurses to the homestead districts to help the women and children far from physicians and hospitals.

Now the Local Council of Women, which is a branch organization of the National Council, has in mind the bringing out of Old Country nurses to the small towns and rural districts of Manitoba. If successful, the work will be extended to the further west provinces. It appears that the Canadian graduate nurses prefer to work in the cities, and do not take kindly to the idea of working in the country.

Commenting on the above, the *Nor'west Farmer*, Manitoba, says:

"What is needed in Western Canada, and, indeed, in the whole of Canada, is the establishment of some new arrangement that will provide the benefits of trained nursing for country cases. Just how this could be effected would be well worthy of serious consideration. Voluntary associations, which would pledge a certain measure of support to a rural nurse (as described in this paper a few months ago) would no doubt be largely effective; but at the same time one wonders whether or not this arrangement would furnish the service to the people who frequently need

it the most. We are inclined to think that in many cases our public health departments might take the matter in hand and guarantee to make up any deficit below a certain fixed sum that would be made by a selected nurse who would devote all her time to cases within the municipality, this nurse, of course, to be partially under the direction of the medical health officer.

However the matter might be worked out, it is quite certain that our Canadian nurses at present are not distributing themselves in right relationship to the needs. There are many rural districts that could keep a nurse as busy as she should be, but that are at present entirely without one because, on the one hand, our nurses are not sufficiently impressed with the opportunities to do profitable and sadly needed nursing work in the country districts, and, on the other hand, they are over-impressed with the supposed desirability of city life.



Personal

Miss Cumming has resigned as superintendent of the Pittston, Pa., Hospital, and has accepted the superintendency of the hospital at Sharon, Pa. Since making her home in Pittston Miss Cumming has endeared herself to a large circle of friends, who were sorry to have her leave, but as the new position carried with it a more lucrative salary and also an assistant, she could not do otherwise than accept. Miss Flynn, head nurse at the Pittston Hospital, will look after matters until the board elects a new superintendent, which will be in the course of a few weeks. Miss Flynn is to become assistant under Miss Cumming in September, as soon as the new annex is completed at Sharon.

Miss Katherine Miller, of Grottoes, Va., has been appointed head nurse of the new Homeopathic Hospital, West Chester, Pa.

Miss Mary Biebel has been appointed by the county physician of Salt Lake, Utah, as nurse in charge of the isolation ward at the county infirmary hospital. The appointment was confirmed by the board of county commissioners. Miss Abigail Blucker was appointed nurse in the main hospital.

Miss Donna G. Burger has been appointed superintendent of the Noble Hospital, Westfield, Mass.

Miss Burger was graduated from the Boston City Hospital and was connected with that institution for four years.

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She has been the superintendent for nurses in the Worcester Memorial Hospital for the past two and a half years.

Miss Katherine J. Ulmer, a graduate of the Boston City Hospital, has been elected first assistant superintendent, to succeed Miss Theresa Colwell, resigned.

Miss Gene Huber, of Hazleton, who for the past year has held the position of head nurse at the Coal Dale Hospital, has resigned to take the superintendency of the Troy (N. Y.) Hospital.

Miss Christine Mann, who recently graduated from the Jefferson Hospital School of Nurses, in Philadelphia, has accepted the position of superintendent of the Santa Fe Railroad Hospital at Needles, California.

Miss Elizabeth Stewart Chisholm, of Philadelphia, has been appointed missionary to the district of Shanghai, China, by the Domestic and Foreign Missionary Society of the Protestant Episcopal Church. She will sail from San Francisco on August 26.

Miss Chisholm is a graduate of the Class of 1909 of the Pennsylvania Hospital. She was formerly superintendent of the Media Hospital, Media, Pa.

Miss Elizabeth Hanson, for six years superintendent of the Good Samaritan Hospital, Reading, Pa., has resigned her position, taking effect several days ago. She has gone to the seashore for a rest. She is succeeded by Miss Mary McMaster, of Pittsburgh.

Helen C. Nenno has tendered to the board of health, of Lockport, N. Y., her resignation as superintendent and head nurse of the City Hospital, to take effect August 31. Miss Nenno came to Lockport to become superintendent at the City Hospital in November, 1912.

Miss Beatrice Knapp, who has been the head nurse in the private wards at the Arnot-Ogden Hospital, Elmira, N. Y., has resigned. Miss Knapp will be at the City Tuberculosis Hospital for a time, and then will engage in private nursing. Miss Ruth Ballard, a member of the graduating class of the Arnot-Ogden Nurses' School of this year, succeeds Miss Knapp.

Ethyl E. Walker, R.N., has rented her general hospital at Estherville, Iowa, to Joseph Roberts, of Omaha, who took possession July 1. Miss

Walker established and equipped a twelve-bed hospital at Estherville six years ago, which proved to be a success. Miss Walker is a graduate of the Chicago Baptist Hospital, Class 1907. After August 1 Miss Walker will travel extensively, presumably one year. Miss Roberts is a graduate of Bishop Clarkson's Hospital of Omaha, Class 1912.

Mr. Peter C. Fitzpatrick, of Philadelphia, a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, has been placed in charge of the hydriatic department of the Jewish Hospital, Philadelphia.

Miss Anne Lynch, of Oakland, N. J., a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, has been engaged for treatment of patients in the mechanical department of Galen Hall, Atlantic City, N. J.

Miss Etta B. Propst, Corliss, W. Va., graduate of the Baltimore City Hospital and of the McKendree Hospital, also a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, has been placed in charge of the mechanical department of the Barber Sanatorium and Hospital, Charlestown, W. Va.

Miss Marie B. Culver, of Philadelphia, Pa., has been placed in charge of the hydriatic department of the Jefferson Hospital, Philadelphia. Miss Culver is a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Class of 1913.

The Norwegian Lutheran Deaconess Home and Hospital, Chicago, Ill., has sent Sister Ragna Nord to take the full course of the Swedish system of massage, medical and corrective gymnastics, electro and hydro-therapy, at the Pennsylvania Orthopedic Institute, Philadelphia, preparatory to instructing the nurses in training, and operating the mechanical department at that hospital.

Miss Jessie Mortimer succeeds Miss Abbe as superintendent of the Samaritan Hospital at Ashland, Ohio. Miss Mortimer was for some years assistant superintendent of Buhl Hospital, Sharon, Pa., and more recently in charge of the operating room of the Victoria Hospital, London, Ont., of which she is a graduate.

Miss Grace Dickinson, of Lincoln, spent her vacation in Western Nebraska.

Miss Ella Doleman, formerly of Lincoln, has located in Portland, Ore.

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Graduate of Bellevue Training School for Nurses, Secretary of the American Federation of Nurses and of the International Council of Nurses, etc.

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Marriages

St. James Cathedral, Vancouver, Wash., was the scene of a most pleasing event on Saturday evening, June 14, when Miss Margaret Mary McCloskey was led to the altar by Mr. Patrick T. Murphy, of the 2d Battalion, U. S. Engineer Corps. The bride looked lovely in pink silk, with lace trimmings, and large picture hat with plume. The maid of honor, Miss Kathleen Clancy, of Vancouver, and the bridesmaid Miss Mary Cronin, of Portland, Ore., were both very daintily attired. The groom was supported by Mr. Joseph McIntyre, 2d Battalion, U. S. Engineer Corps. The ceremony was performed by the Rev. Jos. Delannoy, pastor, assisted by the Rev. M. O'Donnell. Mrs. Murphy is a graduate of Long Island Hospital, Boston, Mass.; a post-graduate of the Woman's Hospital, New York City; a member of the Red Cross and also a member of the Army Nurse Corps. Prior to her marriage she enjoyed a delightful vacation of three months in the Hawaiian Islands. She has many friends in the United States, in Canada and in the Orient.

On July 21, 1913, at St. Louis, Mo., Miss Rachel B. Keller, R.N., Class 1909, Martin's Ferry Hospital Training School for Nurses, Martin's Ferry, Ohio, to James E. Faris, of Omaha, Neb.

On June 25, 1913, at Plainfield, N. J., Miss Jane M. Everitt, graduate of the Muhlenberg Hospital, Class of 1909, to Mr. Charles D. Roser, of Chicago, Ill.

On June 21, 1913, at Troy, Pa., by Rev. Y. A. Baldwin, Mrs. Mae Bramble to J. Robert Rakestraum.

On July 27, 1913, at Thousand Island House, N. Y., Miss Cecelia Kinnear to Col. O. G. Staples, both of Washington, D. C.

In July, 1913, at St. Joseph, Mo., Miss Catherine A. Crabill, of San Antonio, to Dr. Janvier W. Lindsay, of Washington, D. C.

On July 1, 1913, at Pittsfield, Mass., Miss Lillian Evadne, graduate of City Hospital, Boston, Mass., to Mr. Earl A. Estabrook, of Wilimington, Vt.

On July 30, at New Haven, Conn., Mary Josephine McDermott, class 1899, Connecticut

Training School for Nurses, to Joseph McDonough. Mr. and Mrs. McDonough will live in New Haven.

On June 10, 1913, at Amsterdam, N. Y., Katherine A. McClellan, graduate Rutland Hospital Training School, Rutland, Vermont, Class of 1907, to William J. Quinlan, of Dannemora, New York.

On August 6, 1913, at the Moravian Church, at Lake Mills, Wis., Miss Louise Strauss, graduate of the Waldheim Training School for Nurses at Oconomowoc, Wis., of the Class of 1909, to Mr. George P. Jecklin, a prominent Funeral Director and Embalmer, now located at Versailles, Ohio. Mr. and Mrs. Jecklin will make their home in Versailles.



Births

On July 21, 1913, at their home in Grand Rapids, Mich., to Mr. and Mrs. Leon T. Powers, a son. Mrs. Powers was before her marriage Miss Bernice Hannaford, graduate of the school for nurses of the Homeopathic Hospital, Boston, Mass., Class of 1911.



Deaths

It is with deep regret that we record the death of Miss Violet Honnor Morten, of England, a woman well known in the nursing world for her literary work and her philanthropies. Miss Morton took up her nursing career at the London Hospital, and at the conclusion of her work there, entered the field of journalism, and became a regular contributor to *The Nursing Mirror*. She was also author of "The Nurses' Dictionary," "From a Nurse's Note-Book," "Health in the Home Life," and others. She was a lecturer on health and nursing under the Home Office, and was for a considerable period a member of the London school board, and was the first to propose a system of school nursing. By her death the nursing profession of England sustains a great loss.

The death is announced in London of Lady Alicia Blackwood, ninety-four years old. She was one of Florence Nightingale's assistants in the Crimean War and a sister of the eighth Lord Cavan.

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Instruction, both theoretical and practical, is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

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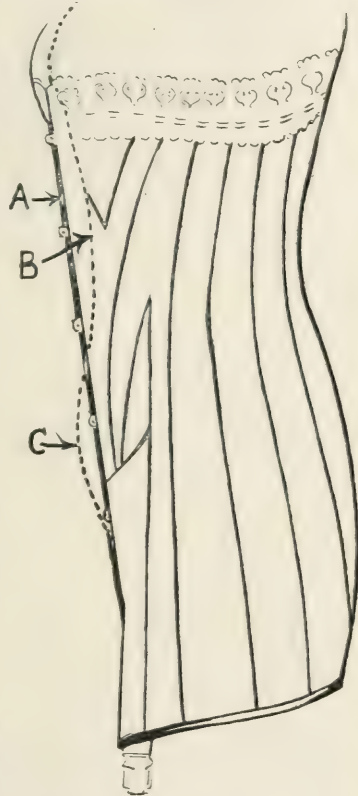
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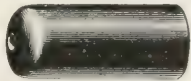
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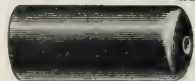
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MEINECKE & COMPANY, NEW YORK

The Trained Nurse and Hospital Review

VOL. LI.

NEW YORK, OCTOBER, 1913

No. 4

The Relation of Hospital Efficiency to the Efficient Organization for Home Nursing*

RICHARDS M. BRADLEY

Trustee Thomas Thompson Foundation, Boston.

ONE of the marked features of our time is the broader and clearer view that we are getting of the facts with which we have to deal in our community life.

As a result of this, we are beginning to realize that we must work out a properly adjusted general plan for the handling of the *whole* problem of sickness, whether in or out of our hospitals. In consequence the hospitals are feeling the call that they shall bear a more clearly defined part in this general scheme, partly by doing some of the needed outside work themselves and partly by adjusting their relations to other organizations that have that work in hand.

We are passing the pioneer stage in the problem of handling sickness, when each separate unit had to develop its own individual efficiency, and we are now measuring the efficiency of each unit not alone by its own individual accomplishments, but also by its power of relating its work harmoniously and effectively to the work of other units in the same field. The strong man in the boat must not only be able to put strength into his own oar, but he must also properly adjust that strength to the forces of the other men in the boat. If he

does not keep time with the other men his efficiency is at a discount. We are thus coming to test the efficiency of the hospital in part by its ability to help in the co-ordination of all forces for the care of the sick.

We are also beginning to realize that these outside forces, if properly handled and organized, can be made a most important factor in forwarding the hospital's own particular work; and for that end alone the proper organization of these forces is worth the best attention of the hospital head.

It has perhaps been exceptionally hard for those who are giving their life's work to the hospital, fully to realize this relation of its own work to the general field of related work, or to take hold of the idea that this outside work, scattered as it is, is a proper subject for a studied and comprehensive system of organization.

Everyone who is engaged in effective and absorbing work of his own must sometimes find himself forgetting the great general field of which that work is only a part, and there is double danger of this with the hospital. Hospital work is absorbing, concentrated and closely organized, while the

*Read at the American Hospital Association Convention, Boston

kindred outside work for the sick has been scattered, unorganized, and consequently, as a work, hidden from the general view. It is therefore difficult to keep in mind its size and importance.

And yet the magnitude of this outside work, when its scattered units are taken into account, is simply bewildering. A recent estimate puts it as ten to one of institutional work. Recent careful canvasses in New York State, covering a population of 17,000, embracing varieties of locations from the East Side of Manhattan to hill townships of scattered farmhouses in Dutchess County, show a ratio of 13.4 per cent. of cases of sickness receiving hospital care as against 86.6 per cent. cared for at home. The ratio of home cases is undoubtedly far larger in the country at large.

We know that there will be upwards of a million and a half cases of mortal illness within a year in the United States and Canada, and most of us expect, when our time comes, to die at home. There will be still more than two million confinement cases, and most of us were born at home and expect to have our children born there. When in addition to this we consider the innumerable other cases, part of our daily knowledge, of severe illness needing service outside of the hospitals, we get an added realization of the vastness of this problem of the proper care of sickness in the home.

A few years ago I became impressed not only with the amount of work that must necessarily be done, in dealing with sickness, outside of the hospital proper, and within the homes, but also with the amazing lack of effective organization needed to accomplish that work with any degree of efficiency and economy.

I was not alone in having this impression, for at least one responsible observer has deliberately declared that the net result up to date of organized and scientific care for the sick has been to leave the average

family of moderate means, in case of sickness in the homes, worse off as to assistance in sickness other than medical service than it was a generation ago. The well-to-do get the benefit of the scientifically trained nurse, and a part of the population have visiting nurses; but the great bulk of the people are, as regards home care, worse off than a generation ago. This is apparently largely due to lack of organization.

Within the hospital we seem to have everything that organization can do in the way of nursing and care; outside of the hospital conditions are reversed. There is one notable exception; namely, the visiting nurse work. This work, however, is unhappily, largely identified with the poorer classes, and at best, meets the needs of only a limited portion of the home cases—those in which there is somebody available to give continuous care to home and patient.

I am not able to give you here more than a brief outline of an attempt that has been made to fill these gaps, and to work out a comprehensive system for dealing with sickness in the home.

The work has started in Brattleboro, Vermont, a manufacturing town of some 8,000 people and a center for a farming district; the bulk of its population was neither very rich nor very poor, but was pervaded with a strong spirit of personal independence. Their financial and domestic conditions were those of at least five-sixths of the people of the United States and Canada, and their problem was the problem of all other communities. Hospital and visiting nurse services were provided, which did well so far as they went, but served likewise to demonstrate conclusively that a large number of the needs in sickness could not be supplied by such means.

The work of developing a more complete system began, and has continued by taking the case of each family where there is sickness, finding out the exact conditions

and needs caused by that sickness in the household, and studying to supply the necessary service in the best way at the least cost, whatever those needs might be.

To do this it was necessary to have a headquarters open night and day, with a capable person always on hand to take the calls, and then to organize forces in accordance with the needs thus developed.

Now as to those needs:

Dr. Richard Cabot and his co-workers have shown us that the patient in the hospital ward or dispensary is not an isolated unit nor a one-dimension proposition; and that, in order to be treated successfully, each case must be considered in relation to the patient's individual circumstances, and must be considered in several aspects besides the purely medical or surgical aspect.

It is hardly necessary to say that the housewife and mother of young children, confined to her bed by either illness or childbirth, is equally far from being a one-dimension proposition or an isolated unit, and that precisely the same principles apply to the treatment of her case, and to many other cases of sickness in the home.

Whether the need be for a highly-trained nurse or for a good plain cook and children's caretaker, or for both, depends upon the circumstances of the individual case, and not upon any fore-ordained rules. Moreover, there is no question that the cook or caretaker may, under certain circumstances, be a more important therapeutic agent than the most highly trained nurse. It is difficult to cure any woman whose household is going to pieces under her eyes.

After work done for a number of years on these lines—work that is still in the experimental stage—the following organization has been evolved:

The headquarters are open day and night to the call of physicians and of families in difficulty through sickness, the usual rules

being observed as to relations with physicians in nursing cases.

The working force is as follows:

Under the general superintendent is a visiting nurse doing the usual visiting work, but interchanging and co-ordinating her work with a supervising graduate nurse.

This supervising nurse has under her a salaried body of non-graduate workers, who work under supervision and direction, doing such nursing work as they are directed and instructed to do by the supervisor, and also such household service as is entailed by the sickness.

In addition to this force there is a directory and employment agency for graduate nurses at one end of the list, and at the other a miscellaneous list of all the people in the town who can go out and help by the hour, day or week. The association does all of its work on a business basis, doing work, where necessary, for charitable organizations and individuals, but not dispensing charitable aid itself either in remission of charges or in money.

It is intended by thus organizing to have a capable head in touch with all the forces needed in a household when sickness comes, who can use those forces in the most effective way. In using these forces together, we come naturally to deal with the co-ordination of labor in nursing, a thing which, owing to the newness of trained nursing in the world, has hitherto been strangely lacking in this country. We have had competition where we needed co-ordination.

The ordinary confinement case can perhaps best show the advantage of the co-ordination of graduate with non-graduate service.

When the labor begins we call in the supervising nurse, thoroughly trained in maternity work, and with the experience of dozens of cases in the course of the year. When she has completed caring for the mother and baby during and after the

birth, she leaves an assistant in the house, whose business it is to continue the care of the mother and child under this supervisor's directions, and likewise to help with the meals and with the care of the other children. Where the work is very heavy, a third woman may be needed for an hour or two during the first few days. The case is then carried through the succeeding days by means of regular visits by the supervising nurse, who directs the assistant and gives the case such skilled work and observation as the conditions call for.

As before stated, I can here only indicate the general nature of this work, but can give details later to anyone who may be interested.

Whether a local unit in this exact form is adapted to larger towns is a matter for experiment to show. What I am sure of is that work in the homes can be fully organized along these or similar lines, and that the co-operation, counsel, and assistance of the hospital, which trains women for service in the homes, is needed in order that the hospital may render to the community full measure of efficient service.

So much for the outside organized work in the homes of the people and the relation of the hospital to it.

Now as to the effect of developing and perfecting this outside organization in making the hospital's own main work, within its own walls, more satisfactory and efficient.

It is in the first place of the greatest importance that the hospital should get the right patients at the right time. As to getting the right patients, you are all aware that you need vastly more money for hospital construction and management than you have or are likely to get, in order to give accommodation and service to those patients for whom the hospital is the only proper place. If then, you have at your command another plant that, if properly utilized, can properly serve those who do

not need to be in the hospital, but are now crowded into the hospitals to the exclusion of cases that do need your especial facilities, it is an economic waste and a failure in the test of efficiency not to endeavor to make effective use of that plant.

The plant that I refer to is, of course, the home, and in the aggregate it is a far greater plant, and has far greater resources of both money and service than the hospital. It must, however, be used efficiently, and its efficient use has thus a direct bearing on your own effectiveness.

There is another reason why you do not always get the right patient. Without proper organization for the care of the home in emergency, the patient often cannot be spared from the home, or is not spared in time to be helped by the hospital. Here also is an instance of the direct bearing of home care organization on your own effectiveness in doing your own appointed work.

Again, there is no need for me to tell you that timeliness in going to the hospital means much in producing the maximum of benefit from the hospital's services. I need not tell you how greatly this timeliness is facilitated by those outposts in the community, the visiting nurse organizations, for you know it.

What we must not forget is that it is only the edge of a far larger field that is now touched by these visiting nurses, and that the great bulk of cases in the home is still practically out of touch with the scientifically trained nurse.

This same touch by the skilled graduate nurse of the right kind on the wider field that must be occupied by the organizations giving general service in sickness will necessarily produce the same result; namely, getting hold of more cases that need to go to the hospital, and getting hold of more cases in time.

Next, when we have the patient in the hospital and have done for that patient

what the hospital can best do, the output of the hospital often does not represent a completed job. The hospital's output is a man or woman who has just passed through a mortal crisis and is usually physically unfit for the stress of everyday life.

Unless the hospital can content itself in many such cases with the empty name of service, or unless an enormously expensive system of convalescent homes is provided (which, by the way, would by no means relieve the patient's solicitude for the home during absence), we must again have recourse to making efficient use of the home. Otherwise the hospital must either retain the patient too long, to the exclusion of other patients, or must turn the patient out with the certainty that there will be a loss of the whole or a large part of the benefit given by the hospital at so great a cost of skill, service and money.

You cannot get the full efficiency out of your hospitals unless by organizing you get the full efficiency out of your homes.

It is an economic paradox to say that there is no money available to save the spending of far more money. As a business proposition, organized work for the sick in the homes must be made to cover the whole population, if the hospitals are to find room for the cases that should be within their walls, and are properly to dispose of those cases that should not be there.

Outside organization has its bearing upon another field of hospital efficiency; namely, the educational part of its work—the training of women for the care of the sick.

The use of co-ordination of labor by organizations of this kind will afford to the hospitals an opportunity to give a different bent to the minds of those whom they train for this purpose, and to bring about a change in the present abnormal and unsatisfactory position of the graduate nurse.

We appear to have something like a hundred thousand women doing nursing

for a living in Canada and the United States, of whom perhaps ten thousand are graduates of our hospital training schools. What would we think of a West Point or an Annapolis whose graduates had no working relations with the private soldiers, seamen, corporals, sergeants, and warrant officers of our army and navy? What would we think of a technological institute whose graduates could not build a bridge or a ship except in association with holders of a diploma? It is hardly an exaggeration to say that by our lack of organization in home work, we have put most of our graduate nurses into a parallel position.

By organizing, we make officers of our trained and educated workers in almost every other line of activity, and thus make their skill and education count to the uttermost. Why do we not do the same for our hospital graduates? We are making of most of our graduates a body of women with a position so anomalous that both we and they are puzzled as to what to do about it. The public likewise is suffering from this misdirection, and is finding in the graduates of correspondence schools a measure of relief for which they have looked to us in vain. What we shall call for from the training schools in the development of this outside organized work is a woman who can go into any neighborhood, country or city, and become the friend and helper, guide and counsellor of every faithful, capable worker who is devoting herself to the care of the sick and suffering. Not every nurse is capable of this, but every nurse, when she is getting her training, needs to know that her profession has such ideals for its leaders.

If a well organized, comprehensive system of outside nursing can be established, using co-ordination of labor and making all around service to the home the starting point, may there not be a chance of a better adjustment for the graduate nurse, and a wider field for her ability and proper

service? I believe this wider field to be possible, because the proper and effective use of the graduate nurse must in the end be determined by the sickness, not by the pocketbook. Organized home nursing in other countries has produced organized methods of benefit insurance as soon as there is a service to insure for. Organization will doubtless accomplish this with us likewise, not only by reducing the service cost, but by means of insurance, enabling large classes to finance themselves and to get continuous trained nursing when needed, instead of going without or depending upon charity. Social insurance, whether by public or by private enterprise, is a word we shall hear more of in future years, and there is no escape from the conclusion to which we are coming, that reliance on charity to meet sickness and other emergencies of life is not the way out for the classes who are the main support of the country.

Again there is a possibility of simplifying another of your problems. Much thought and trouble are being given to the naming and grading of nurses in accordance with varied courses of training. Important as this may be, how can any diploma given months or years before, decide fully the really vital question of how the right woman can be got to the right case? Can this ever be accomplished by the most perfect system of instruction if the products of your educational efforts are turned out with their certificates or diplomas into a weltering chaos to shift for themselves, as they have been for years.

I believe that an able superintendent of a general service office, knowing the indi-

vidual woman, and understanding the needs of the individual case, can do more than many diplomas to get the right woman on the right case, provided only that she occupies an independent civic position, where she is bound to serve the public to the best of her ability. Likewise, if she has a real touch upon the homes from which the best nursing material comes, she can do much to get you that material which you need for your training schools.

To summarize, if summarizing is possible with what in itself can be little more than a mere outline:

Better organized service for the sick in the homes of the independent classes is a necessity.

The hospitals can no longer look only to the work within their walls, but must relate their work in a satisfactory manner with kindred work in the community at large. From them must come help, counsel, and assistance for organizing that outside work.

That work, if organized, will increase by a substantial percentage the efficiency of the hospitals themselves, by helping them get the cases that they should have and to get them in time, and by relieving the hospitals of cases that should be taken home under proper conditions to make room for others in the hospital.

In addition to this, the proper organization of outside work and a better role for the graduate nurse in that outside work, should produce more good material in the training schools, better results from hospital training, and a more satisfactory status in the community for the graduate nurse.

The Employment of Third-Year Nurses as Specials*

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THIS subject concerns a phase of hospital life about which, I am sure, every hospital superintendent has strong convictions. Generally the conviction is the result of individual observation, as well as intelligent study of the experience of others. It is approved or not and seems to admit of little argument.

If I had been asked for a paper on the problems of special nursing or "The Graduate Nurse on Hospital Duty," or a "Study of the Comparative Value of Graduate and Undergraduate Special Nurses," I might have had something original to contribute, but as to "Pupil Nurses as Specials," it seems exceedingly presumptuous for me to express before this association any views I may have upon this very practical subject. I am sure I can say nothing that has not already been much better said. I know much has been written. Our magazines devote much space to discussions of the problem, thereby confessing the existence of a problem. Miss Aikens has written much that is stimulating and helpful. All papers on hospital management devote considerable thought to the subject. This paper is almost controversial in the stand it makes against the usual method of special nursing in hospitals, and any value it may have must come from the discussion which is to follow.

We may make one statement to which every one may subscribe. Hospitals, though conducted for the benefit of many people, from owners or officials to the humblest employees, and for the carrying out of educational business, charitable and humani-

tarian obligations, are in the final analysis primarily maintained for the benefit of the patient. The true relative value of other issues must be kept well in mind. Hospitals differ so radically in structure and aims that it is quite impossible to make one single statement regarding the justice, advisability or advantage of using pupil nurses as specials, that cannot be met with sincere and valid objections. The larger hospitals, few comparatively in number but powerful in molding nursing theories, generally confine their specializing to graduates of their own schools and strongly disapprove of giving pupils this service. The smaller hospitals, for obvious reasons, if they are fortunate enough to have a sufficient number of pupil nurses, quite generally follow the established precedent of using their senior undergraduates as specials. They take very kindly to this use of the "Girls we train." Their boards of governors and doctors as well expect their nurses to in this way contribute to the income of the hospital, and the pupils themselves see no aspect in their so doing, other than securing a good opportunity to avoid hard ward work and to build up for themselves an advantageous clientèle.

I have not as yet found the pupil nurse, who, as the finished product of even an ideal training school, represents to my mind the "nth" power of efficiency, as a result of training alone. Can any one, after two or three years, hope to attain the pinnacle of perfection to which every one seems to measure a graduate nurse? Personality, education, breeding, plus her training, make a nurse exceedingly valuable. Training can never compensate for lack in these essen-

*Read before the American Hospital Association Convention, Boston.

tials. Superintendents who have not sufficiently considered the seriousness of these defects are largely responsible for the class of graduate nurses whom the hospitals have learned to regard with dread when employing them on special duty.

I insist there is no royal road to specialing private cases, except the old and tried path of experience. Nurses must have private patients in the hospital if they expect to have private patients outside the hospital, which 70 per cent. do. Theory nor example can save the pupil graduated. She should have been taught by a head nurse and personally conducted through the phases of nursing one case. Objections to the use of pupil specials are legion, but the potentialities as well as the actualities of their service in charge of single private patients make the refusal to give them the opportunity only comparatively wise. The objections are well known. The criticisms that are made are familiar ones. The patient does not secure efficient service unless the pupil is closely supervised, which makes the proposition an expense instead of a source of income to the hospital. Again, the pupil loses most valuable routine training and instructive services in other departments of the hospital. She fails, therefore, to secure the technical skill that comes from practising certain nursing technique so essential for a pupil to acquire through continuous work in wards. And, again, she is not competent to meet the situations such specialing develops. She has never studied psychology, and if entirely inexperienced, even personality, education and breeding will not always safely guide her. Another familiar criticism is that as she becomes a source of income to her hospital, an undesirable attitude toward those who are set in authority over her is brought about, and frequently leads to serious insubordination through her reasoning that she is doing the work of a graduate and should enjoy the privileges of one.

Patients occasionally regard the specialing of a pupil nurse as an unfair intent on the part of the hospital to secure for itself an income which should, from a business viewpoint, go to a class of women who have been trained by, perhaps, that same hospital for just that special work. Again, the fact of a pupil nurse earning for her hospital argues that she has a genuine earning capacity and as generally she receives a very small compensation, or none at all, during her training days, the ethics of using her time in this way is a very nice point. These arguments all find many advocates. Hospitals having only private cases, employing only graduate nurses, present a single problem. They may select free from all pressure the nurses they employ and succeed in making such employment most desirable. Hospitals having private cases only and maintaining a training school have a comparatively simple problem. They either employ their own graduates or their own pupils and are almost invariably satisfied with the results.

Hospitals that accept the care of private, semi-private and ward patients under the condition of only fair equipment, are the ones to whom this problem of special nursing is acute. I may as well state broadly at the start that the *average* graduate nurse, five years after graduation, unless she has been fortunate enough to have had the privilege of much special nursing in a hospital, is not the equal of a third-year pupil in the nursing technique and skill commonly required to properly care for cases which a physician or surgeon considers necessary to bring to the hospital. She has lost through lack of the practice much that she possessed, though undoubtedly richer in many ways. She has rarely any feeling of loyalty or devotion to the hospital, its traditions, methods or its doctors, and is much given to telling the pupil nurses how things should be done. She indulges in much visiting, criticisms, and shows a lamentable lack of wisdom and dignity. Take a hospital of one hundred beds. Place

in its private rooms twenty special graduate nurses from all over the country, and the effect is appalling and very nearly demoralizing. Formal rules for the guidance of graduate specials save much trouble, and have been adopted by many hospitals. Grace, in Detroit, has an exhaustive list; St. Luke's, in Jacksonville, Fla., has for five years had a practical set for reference; Dr. Hornsby's new book, "The Modern Hospital," has a most pertinent list, applicable everywhere. While large hospitals can easily control this question, the smaller ones cannot successfully assimilate it.

There is no doubt that the graduate nurse is the efficient trained woman the world over. It is doubtful if she has cultivated as assiduously as is desirable the courtesies, tact, adaptability and loyalty that make her the best available special nurse in a hospital. Her experience cannot be equaled by any pupil nurse. The personal equation enters here and decides either for or against the graduate. Is this greater experience counterbalanced by the loyal devotion of the pupil nurse to her hospital, its officers and doctors, and her enthusiastic desire to make and keep her patient happy and absolutely assured that the institution which is caring for him is the best organized and administered one in reach, that its service is excellent and that every individual connected with the hospital has a warm desire to secure his comfort of body and mind? I think it is. Where the pupil has ability behind her enthusiasm the count is always in her hospital's favor. The service required in some cases may not be of a character beyond the ability of a pupil to achieve. Technical skill is not always demanded. The expense of a graduate nurse may be an impossible one and granted the pupil has the same supervision to which she is entitled on the wards, will she not be sufficient in a large number of cases? Add to this always a comprehensive system of case instruction from the doctors in charge, and what could

then be more eminently valuable to the nurse and satisfactory to the patient?

Doctors are not always sufficiently alive to the teaching opportunities of many of our training schools. Bedside instruction is more likely to be the portion of an interne in a ward than a pupil nurse on special duty. The need for such instruction is becoming more apparent every day. Where the policy of employing pupils as specials is adopted this method of teaching will be proven the very best, and with careful teaching the actual gain in knowledge to the pupil is inestimable. Such case instruction must not be offensive to the patient, and can be accomplished without consuming many minutes of the busy doctor's time. The more intelligent his nurse the more is an intelligent doctor pleased. Always he is willing to teach, but a good system must be adopted and followed persistently. Case instruction, specialing and supervision are excellent and important parts of a general nurse's training. I do not consider it time lost from ward routine, study and duties. It is a very necessary and practical service, holding promise of safety in the troubled waters of private nursing for the years to come.

An experienced nurse encounters endless problems in her work. The family, friends, relatives, home, children, cook, finances, all must at times be handled with quiet skill. She is supposed, in the disorganized condition of a household in which the mother is ill, to bring order out of chaos, to achieve all the mother's many duties and special a sick patient as well.

The babies and home she must control to secure her patient's peace of mind and assist her recovery. Can a nurse trained in a city hospital, for instance, where there are only ward patients, hope to cope with such a situation? If she is the right woman and by grace of God endowed with intelligence, industry, tact and a passion for serving others, she may. But she could do it better if she had been taught how to meet the situ-

ation by specializing in her hospital training. I may go further and say that she could do it still better if she had learned to do it in the homes of the sick and had been given a service under a social worker who was familiar with private duty problems.

Ward nursing and specializing are as far apart as the poles in requirements, and I contend specializing is as necessary as ward work to develop the ability to handle successfully the private patient. Pupils will be very easily made to realize that specializing does not make a graduate nurse. Regular twelve-hour duty, rigid supervision, technical and practical instruction will prevent any leaning toward insubordination. She is more apt to be very jealous of her good behavior and make a praiseworthy effort to secure approbation.

Graduate nurses will always be needed and always gladly welcomed. Their incomes would scarcely suffer if all hospitals employed only pupils, but there must be some woeful lack in our training ideals, that makes it necessary to select with such infinite care the nurses the average superintendent cares to bring into daily contact with her pupils. They are fine women, but the sum total of their value in a hospital is not proven to be that of a carefully selected pupil nurse. Until this attitude of superiority is completely changed I think this field of activity will not be undisputed.

Nurses sometimes look back upon their training school days and bitterly remark that they earned hundreds of dollars for

their school. Why not? Most hospitals give charity service out of all proportion to their income. The private patient, if properly maintained, is a source of revenue which may be diverted to charity maintenance. Surely the small sum collected for the pupil's service is a legitimate asset for use, as certainly as her exercise of economy makes an addition to the hospital's income. Her training, not her salary, is her compensation, and the use of such ability as she may possess to increase the finances of her hospital is advantageous to her personally. This is all not new. Specials we must all have at times. The doctors have very positive prejudices regarding perfectly good graduate nurses. The dietitian collides severely with one; another flirts with the junior interne; another manages to acquire a complete compendium of information after one hour on duty; still another walks heavily and talks aloud; another is always late on duty; again one has endless 'phone calls and so on *ad infinitum*. Patience and discipline plus definite rules for their information can generally bring about a moderately smooth state of affairs, but for general hospital efficiency and smoothness of operation, for the happiness and contentment of officials, nurses, employees and patients the better way is to eliminate the graduate special, secure a sufficient number of pupils, train and discipline them into good efficient nurses and give them the service of caring for private patients under proper conditions.

Our doubts are traitors and make us lose
The good we oft might win by fearing to attempt.

—Shakespeare.

The Management of the Puerperium and Its Minor Abnormalities*

B. A. FEDDE, M.D.

IT IS doubtful if in all the realm of medicine and nursing there is a class of patients which has suffered so much neglect and abuse as that of the lying-in woman and her newborn.

When a woman has proved her incapacity for continuous sustained work in any other direction, or has apparently outlived her usefulness in every other capacity, she can yet do confinement nursing among the poor for a wage of eight to twelve dollars a week. She has been present at a few confinements where a harassed practitioner of a previous generation officiated, and his methods, opinions and results are for her the *ne plus ultra* of obstetrics. Time goes on, and art and science advance, but if the man convertible to new ideas after forty is a rarity, what shall be said of the woman? Ignorant, weak or lazy, hidebound by antiquated medical opinions and midwives' and old grannies' wisdom, she presents a veritable Chinese inertia to any attempt at bringing modern science into the lying-in chamber. She will frighten the patient with the terrible danger to life in lying otherwise than flat upon the back, and will cause many an hour of mental anguish by wise diagnosis of tongue-tie and retention of urine.

She will shirk all she dares of the irksome cleanliness you demand with regard to eyes, mouth, nipples and diapers, and may not dare to change the mother's clothing for a week, but does not hesitate to give vaginal douches unless you expressly forbid them.

The first step in the management of the puerperium is the selection of the nurse. This is not easy. The wives of day laborers

and carpenters and small clerks cannot afford graduate nurses, and there seems to be few young women available at a weekly wage of ten to fifteen dollars, which seems to be all that this class of patients can afford to pay. It is best to have the patient send her nurse to you for an interview, that you may impress your ideas upon her. I have found it necessary to print the following set of rules for the nurse, and to hold her strictly to them:

To the Nurse—You must observe these rules strictly:

THE MOTHER

She is to be bathed every day.

The genitals must be washed twice daily with lysol solution. *No douche.*

In addition, pour boiled and cooled water over the genitals whenever she has urinated or the bowels have moved.

Fresh absorbent cotton must be frequently applied. Do not touch that part of the cotton which comes in contact with the genitals.

Wash your hands with soap and water each time before tending the parts.

The mother must not lie on the back more than a third part of the time.

Make sure that the mother urinates at least three times a day.

The nipples are to be washed with alcohol before each time the child is put to the breast. Let the alcohol evaporate. Wash the nipples after nursing with boric acid solution or plain water.

The mother may have ordinary diet, including fruit, except where otherwise ordered. She must not have coffee after 12 o'clock noon; tea, pork, onions, cabbage, turnips, cake, or anything else indigestible.

* Abstract of paper read before the Norwegian Hospital Alumni Association. Reprinted from *Medical Record*.

THE CHILD

The diaper must be changed as soon as it is wet or soiled. *Three times a day is not enough.*

Mouth and eyes must be gently washed with boric acid solution four times a day.

The navel string must not be disturbed.

Use only castile soap in washing baby.

The child shall nurse for 15 to 20 minutes every two hours by day, every four hours by night. *Not more frequently.*

In addition it must have in the course of the day at least six tablespoonfuls boiled, cooled water without sugar.

Nothing else must be given without my orders.

Feel frequently if the feet are warm.

Perfect cleanliness in every respect is required.

I revisit the patient on labor day, then once a day for the next five days; again seven, nine and twelve days after labor. At the last visit a pelvic examination is made, unless a repaired perineum makes advisable deferring it for some weeks. Under normal circumstances the patient is permitted to sit up in bed several times on the fifth day, and to get out of bed for an hour on the tenth day. Red lochia have by this time almost ceased. If not, a capsule containing strychnine sulphate, gr. 1-60; quinine sulphate, gr. iss; extract of ergot, gr. ij, is given four times a day until the lochia are white.

But many cases will show deviations from normal. Breasts, nipples, digestive system, bladder and uterus are all working under novel or unusual conditions, and are apt to suffer. Some patients with a large appetite may continue to eat at the same rate as formerly, giving rise to acute indigestion or auto-intoxication in the form of rheumatoid pains in muscles and joints. The bowels should be evacuated within 36 to 54 hours after delivery, by castor oil. This, although nauseous, is the most satisfactory cathartic, giving a uniformly liquid stool. A few

drops of essence of peppermint in the spoon and over the oil, or a little whiskey, will render it less unpalatable, particularly if it is followed by black coffee or orange juice. Almost all other cathartics administered after two days of constipation give a stool of which the first part is solid, lumpy, often hard, and the succeeding discharge soft and watery. The lumps will give a great deal of distress to a patient with perineal tear or hemorrhoids. The cathartic by mouth may require a supplementary soapsuds enema to start the movement.

Bladder—This must be emptied three or four times a day. Where the patient cannot urinate upon the bedpan at first, hot perineal stupes may be applied for twenty minutes. This failing, unless there are plain contra-indications, the patient may be propped up to a sitting posture and given a glassful of cold water to drink. It may be necessary for the nurse to leave the room, that the patient may have her wonted privacy for urinating. If none of these measures succeed, before resorting to catheterization I give morphine sulphate 1-16 gr. dry on the tongue. One-half hour afterward the patient again attempts to urinate. Failing, the dose is repeated once or twice, each time allowing one-half hour for the morphine to diminish inhibition. In my series of over three hundred cases it has been necessary to catheterize only three times—once before I began to use morphine, and twice in successive confinements of another patient since. The latter found out for herself that the presence of the nurse in the room caused inhibition.

Breasts—Many women feel more comfortable with a supporting binder for the breasts. I seldom use it, however, not caring to trust the judgment of the untrained nurse in the matter of pressure. Where the breasts are pendulous and tend to congestion in the dependent portions a binder is loosely applied with folded towels in the axillæ for support. If the child has died a tight breast

binder is usually applied. Some men do not touch the breasts in this case, but give enough morphine to keep the pain in abeyance until the congestion subsides—usually two to five days.

The nipples have been bathed with alcohol and rubbed, pulled and twisted with cold cream daily for the last few months of pregnancy. As indicated above, they are washed with alcohol a few minutes before each nursing, and the alcohol allowed to evaporate. If fissure appeared, I formerly applied with a tuft of cotton before each nursing the following: Orthoformi, 3ss; tr. benzoini co. q.s. ad, 3ss; but it has not always been satisfactory, and I get better results lately by treating at once all fissures with silver nitrate, 10 per cent. solution, repeating once daily in weaker strength, say 2 per cent. Care must be taken to paint only the fissure. While the nipples are very sore, some form of shield may be necessary, or the breast must be pumped periodically. I prefer a wide, shallow, saucer-shaped all-rubber shield, which when applied encloses practically no air. The nurse must be told to boil it frequently, and it should be discarded as soon as practicable.

Uterus—Daily note is made of the position and height of the fundus, its consistency and sensitiveness, as well as the condition of the iliac fossæ. The lochia are inquired about, but the progress of perineal repair is not inspected, as I believe nothing can possibly influence non-union, excepting perhaps bacterial vaccines. Some men make it a practice to give a couple of prophylactic doses of mixed vaccine (Van Cott's) where there has been much injury done to cervix or perineum. If the lochia become offensive, a vaginal douche is given—always by myself—of the following: Boiled water, 2 quarts; tr. of iodine, 1/2 ounce; and the importance of Fowler's position is emphasized to nurse and patient.

The *temperature* and *pulse* of the lying-in woman are very easily influenced by slight

causes. Fretfulness of the baby, visitors, sore nipples, congested breasts, over-eating, an uncongenial nurse, or a family spat, may give a rise in no way differing from the initial records of serious disease.

I believe the commonest cause of disturbance is constipation, relative or absolute. Some patients have a hold-over appetite which they do not curb, and with the intestinal sluggishness which comes with a relaxed abdominal wall and lying in bed, they get attacks of auto-intoxication, even though the bowels are said to move.

Defective drainage probably comes next. Possibly it should rank first. It will be remembered that in the supine position the axis of the vagina extends upward and forward, causing a pool of lochial discharge to accumulate in the upper part of the vagina, bathing the bruised and torn cervix, and discharging only the overflow. To my mind it is a great wonder that not two cases in three "go septic" under the circumstances. My personal impression from a very limited number of cases is that the better the nurse the more apt is the patient to have toxic absorption, probably because the good nurse does for her patient many things which the poorer kind of patient must sit up to do for herself. I have made it a rule to keep the patient in Fowler's position as much as possible, raising her up on pillows beneath the shoulders, or a washboard inserted between springs and mattress, and blocked up. Edgar has tried to improve drainage by ordering a diurnal revolution in bed, the patient lying successively upon back, side, belly, other side and back. Few of the less intelligent women can see the sense of this; besides, lying on the side alone will not materially improve drainage, since the axis of the pelvis is apt to be tilted upward in the lateral posture.

Engorgement of the breasts seems at times the only assignable cause for febrile movement. It may be controlled by moderation in the use of fluids, saline cathartics,

firm bandaging, the breast pump, and massage. I never permit an untrained nurse to massage or "rub" the breasts. There is too great danger of mastitis or abscess from infection of the lacteal ducts.

Other causes of pathological puerperium can be determined by patient investigation. It must be borne in mind that serious complications may arise without alarming temperature.

Finally, there is one point of very great importance in the management of deviations from the normal puerperium—early consultation. When you watch a disturbance grow from its earliest beginnings you may very easily mistake it for something either less or more serious than is really the case, and a consultant coming in with a fresh, unprejudiced mind, free from anxiety, will be of enormous advantage to you. There is something paralyzing in the gradually settling conviction that your case is "going septic," and that you *may* have been the one at fault; your ideas of treatment become fogged, and you need help to clarify them and give definite direction to your efforts.

On the other hand, it is very easy and tempting to gloss over and minimize disturbances which are apparently not septic. I have in mind a patient who called me four days after labor, after discharging in despair the man who had confined her. Her history was as follows: She had her eighth child after a short normal labor on a Sunday afternoon. Two hours later she began to suffer from severe griping pain about the umbilicus. The abdomen began to swell; at present it has the size of a full-term pregnancy. Vomited all ingesta from the first. The bowels moved yesterday after calomel and citrated magnesia ordered by the physician. Since yesterday she has had frequent scanty stools, with much griping and tenesmus. No blood in the stools. Patient has

been annoyed all day by a metallic tinkling sound in the lower abdomen. Temperature, 99°; pulse, 102°, fairly good in quality. Heart and lungs normal. Abdomen immensely distended and tympanitic. No peristalsis heard on auscultation. Liver dullness diminished. At two-minute intervals a metallic tinkling is distinctly audible at the bedside. Uterus—fundus not found. Cervix firm, slightly tender. Bilateral laceration. Rectum empty. Lavage accomplished nothing in relieving distention. Stomach empty. Diagnosis—intestinal obstruction, probably from volvulus.

She was at once removed to hospital. Repeated enemas failed to affect the distention, and a laparotomy was done the next day. Peritonitis, enormous general intestinal distention, and a ruptured duodenum were found. The patient died shortly after leaving the table. The seat of obstruction was not found at operation. No autopsy.

In this case no credit can be claimed for the diagnosis, nor do I feel that the physician was severely blamable. I fear the same errors of interpretation might be made had the case been mine from the beginning. Let us analyze the

SYMPTOMS WITH THEIR OBVIOUS EXPLANATIONS

Abdominal pain	Afterpains
Constipation	Normal for 2 or 3 days
Vomiting	Indigestion. Sunday dinner
Diarrhea and tenesmus	Calomel and magnesia
Distention	Indigestion
Reports of patient's distress	Officiousness of nurse, who had no confidence in attendant

The physician informed me later that temperature and pulse had at no time during his observation exceeded normal limits.

To recapitulate, the points I wish to emphasize are:

1. Fowler position in every case from the first.
2. Early consultation when complications, all but the very simplest, occur.

Clinical Studies with Nervous and Mental Patients

LUCY C. CATLIN, R.N.

VI. NEURASTHENIA AND HYSTERIA

THE two classes of cases here to be considered are functional nervous disorders and although closely allied they differ to some extent from mental diseases proper. It is impossible to draw a distinct line separating the nervous from the mental; the brain is a part of the whole nervous system, and that which affects the nerves affects the brain in some measure, so there are bound to be some manifestations of mental disturbance in cases of neurasthenia and hysteria. Great care should be used to avoid any reference to mental inability in these patients, for they are extremely sensitive on this point. It should be explained that any mental peculiarities or abnormalities which distress or worry them are nervous symptoms which will clear up when the physical condition improves.

In the management of neurasthenics the three "p's" spoken of before are a guiding power, also the rule, "Be kind, but firm." Force should not be used with nervous patients, and it does not become necessary when right methods are employed. As soon as possible upon taking charge of a case, establish a regular daily routine, and adhere to it, unless otherwise directed by the doctor. This will go far toward accomplishing a satisfactory control of your patient, as she comes to understand that certain things are expected of her at certain times. The nervous system is out of harmony, out of tune, as it were, and the result is continuous discord in the patient's actions and state. Regular routine in the care and treatment is one of the best re-educational forces to restore the nervous equilibrium; it is upon this principle that the Weir Mitchell rest

treatment is based. The daily program is mapped out with as much care and precision as the schedule of daily recitations in school. The nurse and her patient live and move by the clock.

As neurasthenia is a disease of nerve exhaustion, the rest treatment is usually prescribed by the physician, and the nurse should understand the philosophy of it in order to carry it out successfully. Rest in bed, with isolation from friends, full feeding and massage, is the tripod upon which the treatment stands. Each foot of this tripod is of equal importance; weaken one and the whole falls short of success; indeed, it may fail. The absolute rest in bed and isolation from friends is a difficult task for the nurse; it is hard to make all concerned understand the importance of it, and hard feelings are apt to arise. Then, it is trying for the nurse to have for an only companion a nervous, irritable, unreasonable patient, but these things can be met with tact, courage and cheerfulness, and a nurse always has the doctor's word to fall back upon to relieve her of some of the responsibility.

Enforced rest is a necessity, in order to conserve all the nervous energy, and so overcome the exhaustion and build up a reserve. It is an erroneous idea that muscular exertion will overcome nervous conditions; the fact is lost sight of that there is no muscular action without expenditure of nervous energy, and in order to save the nerves the whole body must be put to rest.

In regard to the feeding, nervous patients suffer in various ways from lack of nutrition, the blood is impoverished and does not supply proper nourishment to the organs.

Aside from meeting this need, it is necessary for food to store up fat in the body, as nervous energy is thus put in reserve for future use.

The other foot of our tripod, massage, supplies exercise for the muscles and disposes of the food that is taken, without using nervous energy; in other words, it is passive exercise which overcomes the evil results of absolute rest in bed.

In discussing the care of cases of hysteria, let us get a clearly defined, professional idea of the disease, in distinction from the layman's usual view. The term "hysterical" is much abused, even by nurses, who do not know true hysteria in its varied manifestations. It is used to describe emotional disturbances where the patient cries and laughs, apparently without cause. Any one who has been under a severe nervous strain and who is physically exhausted as well, is apt to have emotional outbreaks, which are simply explosions of nervous energy resulting from a temporary physical inability to control. Rest and relaxation will restore the equilibrium in a short time. There is a wide distinction between such manifestations and true hysteria, which is a disease that shows itself in so many different forms, and which takes some time to cure. The symptoms are so varied, it is very difficult to define; direct contact with it alone will enable one to recognize it as a disease, and not as actions that are merely put on. Perhaps the patient is just "putting on," but it is the diseased nerves that make her do it.

With hysteria one must look for the unexpected, the emotional, the sensational, even the tragic to occur, and be neither surprised nor alarmed at anything. Of one thing you may be sure—in all their escapades and performances they are very careful not to hurt themselves. They may have a convulsion, fall in a faint, scale a wall or jump from a window, but no harm will come to them; they always select a soft spot to fall, and

make secure all unsafe places. They simulate inability to talk, walk, eat, and if these symptoms are not recognized as characteristic of hysteria, much time and money may be lost, a dozen doctors may try their hand in the cure, and chances for recovery will thus be jeopardized. Unusual or simulated actions are always in the presence of others, or arranged so as to come to the knowledge of the right person at the right time. Their actions are prompted by selfish motives, the object being to gain a much-desired point.

Let me cite a marked case of a young girl, twenty years old, who was in love with a certain young man, but thought he did not bestow enough attention upon her. In order to call out his gallantry and devotion she arranged one evening to hang herself to a tree, where he would be sure to find her. He loosened the rope and let her down, thus performing a romantic rescue from sudden death. How near her feet were to the ground, and how much of her weight rested on them no one knows exactly, but her neck showed only slight marks and bruises, and there were no indications of injury in any way. Little attention should be paid to these performances, and surprise, alarm, astonishment should be withheld. If your patient faints when you get her up it is because she wishes to appear weak and ill, to call out the sympathy of friends, and it is best to pay no attention to it. Carry out your own plan, which you know she is equal to. If she goes into a trance let her alone; if she talks only in a whisper notice it not; if she vomits her food, repeat it until she retains it.

The characteristics of this disease are all prompted by the desire for notice, attention, sympathy, and this desire should not be gratified if you would be of service to such patients. They certainly need the truest sympathy one can give, because their condition is pitiful in the extreme, but that sympathy should be shown in a different way from what they expect.

The Nursing of Children

MINNIE GOODNOW AND ZULA PASLEY

CHAPTER V

FEEDING OF SMALL CHILDREN

SET it down as a first principle that if a child is properly fed he will be well. Excepting accidental injuries and contagious diseases (both of which are among the unusual things of life), practically all children's illnesses are traceable to their digestive organs. This makes the matter of feeding little children a very vital thing.

When your opinion is sought as to whether this or that article of food will "hurt" a baby or small child, the only safe and sensible ground to take is that one should limit a child's diet to what one *knows* to be wholesome, rather than to take chances with things which are questionable. Not often can an illness be traced to a definite indiscretion, but it is usually very easy to trace it to repeated indiscretions. Nature bears a great deal of illtreatment, but finally enters her protest. There is no wisdom in pushing her to her limit.

Quantity of Food—Most physicians agree that ordinary people, including children, eat too much. Certain it is that few people eat too little. A healthy child can take care of an excess of food, but why tax him to that extent? He needs supervision in his eating, chiefly to see that he takes enough of that which has a food value, rather than a quantity of material which may be "filling," but contains little nourishment. For example, a cupful of bread and milk may be quite worth while, but a large slice of watermelon has practically no food value.

Number of Meals—During the second and third years of life a child should have five meals a day. Something should be given him soon after waking in the morning, as children are usually hungry at this time.

The following is a good schedule for a baby beginning his second year:

7 A.M.—A cupful of warm milk, one-fourth being gruel.

10 A.M.—Eight ounces of warm milk and gruel.

1 P.M.—Eight ounces of broth (beef, veal, mutton or chicken) or yolk of lightly boiled egg with bread crumbs.

4 P.M.—Eight ounces of milk with gruel.

7 P.M. (or bedtime)—Eight ounces of milk.

Orange juice up to the amount of two tablespoonfuls may be given about 9.30 A.M., especially if there is any tendency to constipation.

As the second year advances, it is advisable to add more substantial articles, but those known to be easy of digestion, such as beef juice, egg albumen stirred with cold water or milk, well-cooked rice, thoroughly baked white potato, sago, gelatin, corn-starch, tapioca, custards, junket, stewed apples, prune juice, the pulps of seeded grapes, ripe bananas rubbed through a sieve and served with cream, or even scraped beef or well-cooked fish.

From the fourth year on, three meals a day should be the rule. This should not prevent one's giving a hungry child a light lunch between meals, if the occasion demands. When a child has been "playing hard," *i.e.*, taking active physical exercise, and is willing to drink a glass of milk, a cup of broth or cocoa, or eat a slice of bread and butter, it should not be denied him. If his appetite calls for cake, cookies, preserves, candy, etc., one may with reason insist that he wait until meal time.

If a child complains of hunger at bedtime or in the night, and is content with a glass of milk or some small crackers, they should certainly be given.

Food Values—In childhood, even more than in later life, a *balanced ration* is important. Children must be provided with not only the material to supply the daily waste of muscle, blood, fat, heat and energy, but must have material to use in growth. They must have food constituents which will make bone, muscle, blood, fat, tendons, blood vessels, teeth and all organs. These must be supplied in such a form as not to overtax the organs of digestion and assimilation, nor clog the organs of elimination.

Classes of Food Required—There must be *proteid*, for muscle and energy; such food as meat, fish, grains, cereals, milk, eggs, dry peas and beans.

There must be *carbohydrates*, for heat and energy; such as the starches and sugars which are found in all grains, fruits and vegetables.

There should be *fats and oils*, for heat and energy, such as cream, butter and vegetable oils, though less of these is required in warm weather.

There should be the *mineral salts*, for bones, teeth, brain, etc., as contained in fruits, vegetables and water.

Milk is nearly a perfect food, and bread and milk could be used for a child's diet without any addition. Modern conditions, however, make it desirable to have the diet more varied. Most children require some fruits or vegetables for their laxative effect, as well as for their mineral salts. Fortunately, the appetite of a healthy person is a pretty good guide, and even in illness nature gives us a good many suggestions about diet if we will heed them.

A goodly amount of fluid should be taken by children, avoiding only large quantities at one time. The tendency is to take too little, and there is not much likelihood of a

child drinking too much water or milk if he takes it slowly.

Necessity of Supervision—It should be remembered that children are extremists, and that self-control has not yet been learned. They should therefore be given guidance as to quantity and quality of food, should not be allowed to indulge too freely in a favorite food nor to neglect articles needed to make a balanced ration. A healthy child may be allowed to follow his appetite largely, and if he insists that he is not hungry it is better not to urge food upon him; the digestive organs may have been unwittingly overtaxed and nature be endeavoring to correct the difficulty. A sick child, of course, needs more restraint or encouragement.

Individual Requirements—Mothers and nurses should realize the close connection between careful feeding and health in individual as well as general cases. A child may be allowed a more varied and hearty diet if he lives outdoors and romps and plays there in all sorts of weather. The child whose circumstances debar him from such a life will have a more delicate digestion and must be more carefully watched. Family tendencies and heredity should be studied, that the balance of power may be thrown on the side of health. If there is tuberculosis in either father or mother, make meat, eggs and milk the basis of the diet. If there is a tendency to fermentative dyspepsia, starches and raw fruits should be eaten sparingly, and meats, eggs and green vegetables be the diet. If there is irritation of the kidneys or fear of Bright's disease, very little meat should be eaten. Scant, acid urine also calls for a reduction of meat. The common tendency to constipation may be counteracted by large amounts of fluid, especially warm fluids, rhubarb, prunes, cooked apples, peaches, grape juice, orange juice, dates, figs, tomatoes, coarse breads and cereals, green vegetables, olive oil and honey.

Cooking—It may be that raw food would be appropriate were we living in “a state of nature,” but under civilized conditions there is no doubt that cooking is an important factor in the proper preparation of food. Children in particular do not masticate hard food well, may be unable or unwilling to do so. Such things as raw cabbage, radishes, celery, cucumbers, beets, corn, etc., are therefore not suitable food for children; even when cooked, they are still not much better.

On the other hand, meat, fish, potatoes; beans, peas, and some of the fruits are rendered wholesome by cooking. We find some form of cooking necessary to secure variety and digestibility.

Again, improper cooking may convert a wholesome food into an indigestible substance. This is notably true of fried foods, as the portion which has been hardened while in contact with the hot grease is scarcely attacked by the digestive juices at all. Certainly children’s digestive organs should not be taxed with such things as fried meat or vegetables, fritters, hot cakes, etc.

Cleanliness—Absolute cleanliness should be the rule in the kitchen. We have learned that a clean dairy is necessary to insure wholesome milk. So we must learn that a clean kitchen and a clean refrigerator are necessary to insure wholesome food. Cooking utensils should be of granite or aluminum, and should be properly washed and well scalded. Dish cloths should be wholesome and dish towels clean. The cook’s hands and dress should be kept clean. Vegetables and fruits which are to be served raw should be plunged into hot water to free them from germs, then put quickly into cold water to secure crispness; they should not be allowed to soak in water until the flavor is spoiled.

Serving—Children are quite as sensitive as grown persons to the manner in which food is served. They may not appreciate

the refinements of linen, china and manners, but daintiness certainly has its effect upon them. A small quantity of meat on an attractive plate, a “cunning” rounded pile of potato, gelatin from a mold rather than a spoon, a few ounces of broth or cocoa in a dainty cup, bread in sticks or strips instead of a slice, thin sandwiches instead of plain bread, an egg in a small cup or a tiny baking dish, all serve to render food attractive to little people.

With well children any attraction should not be allowed to interfere materially with the business of eating; but with sick children, where appetite is capricious or lacking, there is great justification in making a play of the matter. Houses may be built of strips of toast; farmyards surrounded with pieces of bread and dates, figs or prunes placed inside for the animals; lakes can be made of cereal, with milk in place of the water; caves can be built of mashed potato, and many other attractive things can be devised by the nurse who puts her mind to it.

Variety—It is generally conceded that variety is desirable as far as it is needed to make a balanced ration. The average child will be content with a rather monotonous diet, while grown people, especially in America, eat too many kinds of food at a meal and demand variety for variety’s sake rather than for any real needs. Attempt to get variety often results in unwholesome combinations. Study the things which the best cooks serve together and you will find them scientifically correct.

There is an advantage in teaching a child to like many sorts of food, since circumstances may arise when it becomes necessary for him to eat things to which he has not been accustomed. It is wise to insist that a child take at least a taste of any new food which is presented to him, providing, of course, that it be wholesome.

A child of three years may have a daily dietary somewhat as follows:

Milk, *ad libitum*.

Cream, 4 to 6 ounces.

Meat broth with rice or barley, vegetable or cream soup.

Bread with every meal (this may include some variety, as rye, graham, whole wheat, rusk, zweiback, etc.).

Fruit once or twice a day (baked apples, oranges, peaches, pears, or grapes, if mature and carefully selected, not over-ripe).

Cereals for breakfast, dry or cooked.

Meat for dinner (lamb, beef, mutton, chicken).

Vegetable for dinner (peas, beans, potatoes—creamed or baked, spinach, asparagus, cauliflower, lettuce, etc.).

Dessert for dinner—custards, cornstarch, junket, gelatine, ice cream, simple puddings.

Older children may have biscuits or muffins, melons, plain cake, cocoa and chocolate, salads and salad dressing, and simple home-made candy at the end of a meal. Eggs are, of course, always allowable, if they are not fried.

Rotch believes that meat may be given early in the second year, using chicken, mutton chop, roast beef and steak. Other authorities consider it better to postpone meat as long as possible, or even to omit it altogether. There is no doubt but that healthy persons, whether young or old, can get on without meat, providing only they take a sufficient quantity of proteid food in its place. This is somewhat a matter of taste and circumstance and may be left to be worked out for each individual.

Rotch advocates a considerable variety of food as early as the age of two and a half, suggesting a good deal of fruit, and vegetables, such as squash, string beans, young peas, spinach, etc.

Lewis forbids the following articles for all young children: Ham, sausage, pork in any form, kidney, liver, meat stews, salt fish, dried beef, canned meats, game, duck, goose, dressing from roast meats, all hot breads or rolls, fried vegetables, griddle cakes, raw or fried onions, cabbage, carrots, radishes, raw celery, cucumbers, beets, tomatoes raw or cooked, corn, eggplant, and potatoes, except when boiled or roasted; all cake, except the very plainest; salad, pastry, jelly, preserves, dried fruit, bananas, nuts, candy, tea, coffee, cocoa, wine, beer, etc.

This makes a very restricted list and some of the items seem harmless enough. It is well to err always on the safe side and wiser to limit a child's diet too much than to urge him to a variety which may be harmful.

To summarize:

Remember the *importance* of the child's food, its need of material by which to grow, and the fact that *children's illnesses are usually of digestive origin*.

See that a *balanced ration* is provided.

See that food is *cooked* in a cleanly and proper fashion, and *served* in an attractive manner.

Provide sufficient *variety* for health and for emergencies.

See that food is *properly eaten*.

Omit all questionable foods.

M. Albert Weil presented to the Société de Médecine, Paris, says the *Lancet*, three cases of port wine marks in which he had obtained almost total blanching of the skin with very satisfactory esthetic results, by the use of X-rays. He used a tube with a special window, which allowed the passage of only the slightly penetrating rays. Very few sittings were required. This will be welcome news to sufferers from these disfiguring stains.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

PRACTICAL PROBLEMS

THE failing power of the heart demands that the work of the organ be lessened as far as possible; and though it is impossible to give rest, in the ordinary sense, to an organ which is obliged to perform its function seventy-two times a minute, and often much more frequently, keeping the patient in a horizontal position lessens the resistance to the blood flow, and the absence of all effort on his part reduces the work of the heart to a minimum. As long as the danger continues, all movement of the body should be as absolutely passive as possible. Food and drink should be given without raising the patient, by means of the various devices for the purpose; the bowels and bladder should be evacuated in the recumbent position by the use of the bedpan and urinal, and with as little disturbance of the patient as possible; and any necessary changes in position should be made by lifting or rolling him, without effort on his own part. The room he occupies should have free ventilation. The food given should be very simple, easily digested and small in quantity, to avoid distending the stomach and thus causing a perhaps fatal pressure on the struggling heart. Straining at stool must be avoided, but if enemas are given they should not be too large in amount.

In addition to reducing the work of the heart to its lowest terms, the organ must, if possible, be stimulated to stronger action. One of the most effective ways of doing this is by the application of heat to the body, as warmth relaxes the cutaneous vessels and facilitates the onward flow of blood. Hot water bottles may be placed about the extremities and along the spine, using care not to burn a semi-conscious patient; a mustard paste or mustard leaf may be applied to the

front of the chest, until there is a distinct redness, and friction may be made to the extremities or to the whole surface. Inhalations of ammonia are a powerful stimulant to the heart, but care must be taken not to hold very strong ammonia continuously under the nose; it should be passed slowly backward and forward. If the patient can swallow, the stimulants ordered for emergency use may be given by the mouth. Rapidly diffusible stimulants, such as the aromatic spirits of ammonia, alcohol and ether act quickly and effectively in cases where they are indicated, and alcohol has the advantage of mixing well with most of the usual liquid forms of food. Strychnin powerfully increases the force of the heart's contractions; nitroglycerin (glonoin) is a vasodilator, and facilitates the onward flow of blood. Whisky, ether, strychnin, nitroglycerin, strophanthin, atropin, camphor, and various other drugs are used hypodermically in heart failure. Morphine used in the same way is considered by some authorities to be the best means of combating the cardiac paralysis that is so frequent and so dreaded in diphtheria. In cases of vasomotor paralysis hot rectal irrigations or hypodermoclysis may be ordered. In the heart failure of pneumonia, where the heart is struggling to overcome the mechanical obstruction to circulation in the lungs, the danger of further exhausting it by overstimulation must not be forgotten.

Massage of the heart over the chest wall has been successfully employed as a last resort to restore suspended heart action in acute dilatation. The operator "places the ball of the thumb of the right hand between the apex-beat and the sternum, and with the right hand makes quick sudden compres-

sions of the thoracic wall at the rate of from thirty to a hundred times a minute." In one case, where life had apparently ceased, this artificial method of circulation, continued for half an hour, caused the heart to resume its efforts to functionate, and within five hours, assisted by hypodermic stimulation, the pulse was of fair volume and rhythm.

3. ANGINA PECTORIS

Attacks of true angina pectoris are usually excited by physical or mental over-exertion, strong emotion, exposure, or excesses of one kind or another. One patient known to the writer brought on an attack by shoveling snow; another suffered two unusually severe seizures after putting coal on the furnace. In one case the mere act of eating produced attacks; in another a seizure occurred during the act of coition. Washing the hands in cold water has been known to produce attacks, as has getting into a cold bed. Worry and anger are prolific causes. Pseudo angina, which is not an organic disease, but a neurosis or cardiac neuralgia, and much more common than the true form, is often produced by nervous conditions, walking against a strong wind, the use of alcohol or tobacco, or even the abuse of tea and coffee. Whatever has once been known to bring on an attack of either variety, should be avoided as far as possible by the patient. "I have learned that I dare not hurry myself in anything," said one patient.

In the typical anginal seizure the signs are unmistakable, and, fortunately, the duration is usually short, the average attack lasting from five to ten minutes, though it may continue through the greater part of an hour, or even longer. The pain is usually indescribably intense, and the patient instinctively assumes the position which will give him most relief, almost invariably sitting or standing upright, afraid to move, to be touched, or even to breathe.

The most effective and immediate reme-

dies are the nitrites, as they rapidly lower the blood pressure, which is usually raised at the time of an attack. Nitrite of amyl, in the convenient little glass capsules, called "perles," which can be crushed in a handkerchief, allowing the patient to inhale the fumes, gives relief in the majority of cases, and where a patient has recurring attacks they should be kept always at hand. The inhalation of amyl nitrite produces a sense of fullness and weight in the head, and if continued too long vertigo and headache result. If it does not prove effective, it should not be continued after the appearance of the symptoms; unfortunately, it is not always successful. Nitroglycerin, in doses of 1-100 or 1-50 of a grain, given by mouth if the patient can swallow, otherwise by hypodermic injection, has much the same effect as amyl nitrite, but less instantaneously, though its results are more lasting. When an angina patient begins to go about alone, he should carry one or the other of these remedies always with him, ready to use at the first sign of an attack.

In cases where the nitrites prove ineffective, the hypodermic injection of a quarter grain of morphin sulphate, with 1-100 grain atropin, is usually ordered, but without waiting for it to take effect inhalations of chloroform or ether should be given. A few teaspoonfuls of ether may be poured into a saucer, and the patient allowed to inhale the fumes, or a sponge or handful of absorbent cotton soaked in chloroform may be placed in a wide-mouthed bottle or tumbler, and used in the same way. Relief may sometimes be secured by the use of hot applications to the chest, such as compresses, a hot water bottle, or a mustard leaf or mild mustard poultice. If heart failure seems imminent, the aromatic spirit of ammonia is often useful, or whisky or brandy may be given. After a severe attack, keeping the patient at rest for a time may help to ward off a recurrence.

(To be continued)

Treatment of Typhoid

E. H. H., R.N.

IN THE July issue of THE TRAINED NURSE there was a request from a nurse in far-off China, wishing to know about the newer methods of treating and feeding typhoid fever patients.

The absolute milk diet which a few years ago was the only diet for typhoid fever patients is a thing of the past. The diet varies greatly, according to the physician, some keeping their patients on a liquid diet, such as broths, strained soups, milk, buttermilk, albumens, orange and lemonade and gruels; others are feeding their patients a semi-solid diet, such as cereals, milk toast, soft eggs, soups and light desserts, all seeming to have excellent results.

Patients on a semi-solid diet are fed three times a day, giving liquids once between each feeding, and those on liquids are fed every two or three hours.

One of the United States Navy Hospitals has the following standing orders for typhoid treatment and feeding: Temperature, pulse and respiration taken every four hours. Cold sponge bath or ice pack, if temperature is above 103°. Cleansing bath every morning. Alcohol rub every morning and watch for bed sores. Hands and nails of patient thoroughly cleansed every morning, before meals and bath, and after defecating. Mouth cleansed after each feeding and teeth kept free from sordes. Watch for any sudden change in temperature and pulse, blood in the stools or abdominal tenderness, and report the same at once. All patients to have water *ad libitum*.

If temperature is above 102°, or the patient exhibits marked nervousness, keep well-filled ice cap to the head after the hair has been closely clipped.

Soap suds enema every morning, if bowels did not move the previous day. Medicine

glasses and feeding tubes to be kept in a solution of bichloride and thoroughly washed before using. No visitors allowed. Feces and urine are sterilized by steam before disposition is made of them, and parts disinfected. All linen sterilized before being sent to laundry.

The following non-nitrogenous diet is used:

Feeding beginning at 6.30 A.M. and continued every two hours until 8.30 P.M., and nothing during the night.

6.30 A.M.—One cup of hot coffee with two drachms of sugar (no cream being used) and two slices of buttered toast.

8.30 A.M.—One portion of Jordan's Bethlehem Oats or Robinson's Patented Barley (according to the bowel indications), and six butter saltines.

10.30 A.M.—Six ounces of soup (using any of the following): Black bean soup, baked bean soup, tomato soup or vegetable soup. The recipes to be given later.

12.30 P.M.—One medium baked potato, mashed and prepared with two ounces of butter and salt. Two slices of buttered toast and one cup of weak tea with two drachms of sugar.

2.30 P.M.—Two teaspoonfuls of tapioca pudding and six saltines.

4.30 P.M.—Two ounces of rice, farina or cream of wheat, mixed with one ounce of butter and four drachms of sugar.

6.30 P.M.—Three slices of buttered toast.

8.30 P.M.—Six ounces of soup.

To make the black bean soup take one pint of black beans soaked over night;

drain, add two quarts of cold water, one small onion, one-quarter teaspoonful of celery salt, one-half teaspoonful of salt. Cook slowly three or four hours, until the beans are soft, rub through a sieve, heat and bind with three teaspoonfuls of butter and one and one-half teaspoonfuls of flour. When serving add a slice of lemon.

BAKED BEAN SOUP

Three cupfuls of cold baked beans, three pints of water, two slices of onion, two stalks of celery, bring to boiling point and cook slowly for thirty minutes, rub through a sieve, add one-half cupful of stewed and strained tomatoes, and bind with two tablespoonfuls of butter and two tablespoonfuls of flour.

VEGETABLE SOUP

One-third cupful of carrots, one-third cupful of turnips, one-quarter cupful of celery, one-half onion; cut vegetables in small pieces and boil in one quart of water for ten minutes. Cook one and one-half cupfuls of potatoes in four tablespoonfuls of butter for ten minutes, add to the other vegetables and boil one hour, then add the remaining butter and one-half tablespoonful of finely chopped parsley and season with salt.

TOMATO SOUP

One quart tomatoes, one pint of water, twelve pepper corns, bay leaves, four cloves, two teaspoonfuls of sugar, one teaspoonful of salt. Cook for twenty minutes, strain, add one-eighth teaspoonful of soda, and bind with two tablespoonfuls of butter and three tablespoonfuls of flour.

The only medication given is four drops of tincture of ferrous chloride in a glass of lemonade three times a day.

I saw a number of cases fed on this diet, and all did very well.

The use of the typhoid antitoxin being compulsory in the Navy has greatly lessened the number of cases, and the few that do occur are very mild.

I wish that the use of the typhoid antitoxin could be made compulsory throughout the country.

Some time ago the Chicago Board of Health offered to inoculate with the typhoid antitoxin the first one thousand inhabitants who would present themselves at the Board of Health office. This seems to me a good way to educate the public.

It is given in three doses at an interval of ten days, the first being 500 million typhoid bacilli, the second dose 1,000 million bacilli and the third dose 1,000 million.

CONCERNING GARBAGE

To prevent garbage from becoming a breeding place for flies, common kerosene mixed with crude carbolic acid has been found most effective. The mixture should be made with one part of the acid to 100 parts of kerosene, say 1 ounce of the acid to 1 quart of kerosene. This mixture sprayed

lightly in garbage cans acts as a repellent, as flies will not settle on nor feed upon material that is impregnated with the odor of carbolic acid. Sprayed upon garbage in which flies have already deposited their eggs, it will destroy both the eggs and larvæ.

—*Exchange.*

New York State Civil Service Examinations For Trained Nurses

LEONHARD FELIX FULD, LL.M., PH.D.,

Examiner, Municipal Civil Service Commission, New York

THE State of New York employs trained nurses in its various hospitals, asylums and reformatories. Considerable difficulty has been experienced in maintaining a sufficiently large register of eligibles because the salaries paid in these institutions are comparatively small and the institutions are located either in the country or at some distance from the larger cities.

Nurses desiring appointments in the service of the State of New York must be graduates of a nurses' training school registered by the New York State Department of Education. Applicants may be residents or non-residents of the State of New York, but they must be citizens of the United States.

Examinations for the position of trained nurse in the service of the State of New York are held by the New York State Civil Service Commission as frequently as the needs of the service may require. They are usually held twice a year. Full information regarding the dates and places of examination may be obtained from the Chief Examiner of the New York State Civil Service Commission at Albany, New York.

The candidates are not subjected to any written examination. They are required to file a written application and their education and experience are rated on a competitive scale.

All applicants are required to answer the following questions and swear to the truth of their answers:

1. Position desired.
2. Place of examination.
3. Name.
4. Address.

5. Of what city, county and state are you a legal resident? How long?

6. Place of birth, date of birth and age at last birthday?

7. What is your present occupation?

8. Are you a citizen of the United States?

9. Were you in the military or naval service of the United States in the Civil War?

10. Give the following particulars of your education: Schools attended, dates, course pursued, date of graduation and degree obtained.

11. Have you taken any previous civil service examinations? If so, give particulars.

12. (a) Are you physically capable of a full discharge of the duties of the position? (b) Have you any defect of sight in either eye? Do you wear glasses? (c) Have you any defect of hearing? (d) Have you any defect of voice or speech? (e) Have you any defect of arm, hand, leg or foot? (f) Have you any other bodily defect or deformity? (g) Have you any chronic disease? (h) Have you now or have you ever had any nervous disease? (i) What is your height without shoes? (j) What is your weight in ordinary clothing?

13. Are you now or have you ever been addicted to the use of intoxicating beverages, tobacco, morphine or opium.

14. Have you ever been complained of, indicted for or convicted of any violation of law?

15. Give a complete record from birth to present time of your residence, occupations and compensation.

16. Have you now or have you ever had

a license to practice any trade or profession?

17. Give the names and present addresses of your employers during the past five years.

18. [Inapplicable.]

19. Were you ever in the New York State service? If so, give particulars.

20. Are you now in the Civil Service of the State? If so, give particulars.

21. Describe in detail any experience you have had that in your opinion qualifies you for the position you seek.

22. Give the name and address of your regular attending physician or of the physician whom you last consulted and consent that he may disclose to the Civil Service Commission information that he may possess regarding you.

23. Are these answers in your own handwriting?

24. Affidavit.

The following information regarding the institutions to which the New York State Civil Service Commission certifies trained nurses for appointment will be of value to nurses who are interested in these civil service examinations:

New York State Custodial Asylum for Feeble Minded Women, Newark, N. Y., Dr. Ethan A. Nevin, Supt., employs two trained nurses of whom one receives a salary of \$35 and the other a salary of \$40 a month. They are on duty twelve hours a day, alternating day and night service and have every second Saturday afternoon and Sunday off. The actual care and observation of feeble-minded women afford opportunities for post-graduate study.

New York State Reformatory for Women, Bedford Hills, N. Y., Dr. Margaret S. Hallock, Resident Physician, employs one trained nurse at \$60 a month. The census of the Reformatory is five hundred. The nurse is off duty every other afternoon, every other Sunday morning, one full day every two weeks, and is given three weeks annual vacation. The nurse may pursue

post-graduate study on her days off or on her annual vacation.

New York State Agricultural and Industrial School, Industry, N. Y., David Bruce, Supt., employs three trained nurses at \$40, \$50 and \$60 a month respectively. This is a reformatory for delinquent children.

Craig Colony for Epileptics, Souyea, N. Y., Dr. William T. Shanahan, Supt., employs six nurses and ninety-seven attendants. This institution pays the following salaries: Female attendants, \$20 a month; male attendants, \$25 a month; female night attendants, \$25 a month; male night attendants, \$30 a month; trained nurses, \$35 a month. This institution maintains a training school for its attendants and nurses with a two year course of instruction. This school offers instruction in general nursing and in the proper care and treatment of epileptics.

New York State Soldiers' and Sailors' Home, Bath, N. Y., Joseph E. Ewell, Commandant, employs seventeen nurses. During the first year of service the salary is \$35 a month, during the second year \$37.50 a month and thereafter \$40 a month.

New York State Hospital for Crippled and Deformed Children, West Haverstraw, N. Y., Dr. John Joseph Nutt, Supt., employs four nurses and two ward attendants. The nurses receive a salary of \$35 a month during the first year of service and \$37.50 during the second year, the head nurse receives a salary of \$40 a month during the first year, \$45 a month the second year and \$50 a month thereafter. The nurses are afforded facilities for post-graduate study in the treatment of orthopedic patients.

New York State Hospital for Incipient Tuberculosis, Raybrook, N. Y., Dr. Albert H. Garvin, Supt., employs nurses for ward service who receive salaries from \$40 to \$50 a month and matrons receiving \$75 a month.

Western House of Refuge for Women, Albion, N. Y., Alice E. Curtin, Supt., employs two trained nurses who receive salaries

of \$40 and \$60 respectively. This institution has a census of two hundred and forty. The nurses are engaged in caring for the sick in the institution under the direction of the resident physician and there are no facilities for post-graduate study.

Syracuse State Institution for Feeble Minded Children, Syracuse, N. Y., Dr. O. H. Cobb, Supt., employs one trained nurse and three attendant nurses. The trained nurse who has charge of a forty-bed hospital receives \$35 a month and the attendant nurses who are receiving their training receive from \$20 to \$25 a month. The nurses have two hours a day off, every other evening until ten o'clock, every other Sunday, two

weeks' vacation and one-half day off every week. In case of sickness, however, all these regulations are waived and the nurses are on duty continuously both day and night. The census of the institution is five hundred and seventy. The children are high grade children who are as a rule fairly healthy. The institution's sick list is not large at any time except when there is a contagious disease in the institution.

Rome State Custodial Asylum, Rome, N. Y., Dr. Charles Bernstein, Supt., employs four nurses in the care of the acutely ill, at salaries ranging from \$35 to \$40 a month. It also employs a staff of attendants, with supervisors and assistant supervisors.

SOME THINGS YOU SHOULD KNOW ABOUT PNEUMONIA

1. It is an infectious or "catching" disease.

2. It is caused by a germ which is transmitted in the sputum and nasal secretions.

3. The germ is almost universally present in the sputum both of the well and sick.

4. The germ does not cause pneumonia to develop in a person whose system is in a high state of vitality.

5. What reduces the vitality so that the germs may develop? In general, lack of the essentials for normal nutrition, namely, air, food and exercise.

6. What conditions render infection especially probable?

Contact with a pneumonia patient.

Working in a dusty, poorly ventilated place.

Sleeping in an unventilated room.

Living in rooms that are unventilated or too hot and dry.

Eating more or less food than the system needs in relation to work, exercise and exposure.

Drinking alcoholic liquors.

Excessive work.

Unseasonable clothing.

Lack of sleep.

Worry and grief.

Other diseases.

7. If you can sidestep all these, pneumonia will not get you.—*Bulletin, Chicago School of Sanitary Instruction.*

Department of Public Health and Social Service

MASSACHUSETTS—Beginning this fall, Harvard University and the Massachusetts Institute of Technology, Boston, are to maintain in co-operation a school for public health officers. The facilities of both institutions are to be available to students in the school and the certificate of public health (C. P. H.) is to be signed by both President Lowell and President MacLaurin.

The object of this school is to prepare young men for public health work, especially, to fit them to occupy administrative and executive positions, such as health officers or members of boards of health, as well as secretaries, agents and inspectors of health organizations.

It is recognized that the requirements for public health service are broad and complicated, and that the country needs leaders in every community, fitted to guide and instruct the people on all questions relating to the public health. To this end, the instruction of the new school will be on the broadest lines. It will be given by lectures, laboratory work and other forms of instruction offered by both institutions, and also by special instructors from national, state and local health agencies.

The requirements for admission are such that graduates of colleges, or technical and scientific schools, who have received adequate instruction in physics, chemistry, biology and French or German may be admitted to the school. The medical degree is not in any way a pre-requisite for admission, although the administrative board strongly urges men who intend to specialize in public health work to take the degree of M.D. before they become members of the School for Health Officers.

The administrative board which will conduct the new school is composed of Prof. William T. Sedgwick, of the Massachusetts Institute of Technology; Prof. Milton J. Rosenau, of Harvard, and Prof. George C. Whipple, of Harvard. Professor Rosenau, of Harvard, has the title of director, and the work of the school will be under his immediate supervision.

Great progress is being made by the Milk and Baby Hygiene Association, of Boston, and figures completed for July by the organization show that all records for children assisted were broken during that month. In all, 1,556 babies were cared for. The association's officials declare they are greatly in need of more nurses.

The best work is being accomplished by the visit of nurses and doctors at the homes of parents, and although the association dispenses a daily average of three hundred quarts of milk, it is careful not to encourage bottle feeding. It is shown by the reports that 65 per cent. of the babies cared for are entirely or partially fed by their mothers.

The Instructive District Nursing Association of Boston offers a course for graduate nurses wishing to prepare for any form of public health nursing. The course begins September 23, 1913, and ends June 5, 1914, with holidays at Christmas and in the spring. The aim of this course is to give the knowledge needed for any form of social service, with an insight into the special social and industrial problems upon which public health is dependent. It considers the principles and methods of relief giving and of the existing agencies for this purpose,

as well as agencies dealing with other aid, such as municipal sanitation and organized health agencies. Two-thirds of the student's time is given to work in the School for Social Workers and one-third to practical nursing work with the Instructive District Nursing Association. The fee for this course is \$80. For a limited number of nurses financial assistance in the nature of scholarships may be arranged by the Nursing Association. Certificates are given to those who complete this special course satisfactorily. Applications for admission should be made to Miss Mary Beard, Instructive District Nursing Association, 561 Massachusetts Avenue, Boston, Mass.

RHODE ISLAND—The fourth annual report of the Visiting Nurse and Anti-Tuberculosis Association of the Pawtuxet Valley has been given out by the secretary, Miss Bessie W. Allen.

The report covers the work accomplished by the society during the year, both as a remedial factor in assisting the local physicians in ministering to the sick and along financial lines.

A recapitulation of the work is as follows: Cases carried over January 1, 1912, 165; new cases reported, 369; total under care, 534; discharged, 296; died, 50; total discharged and died, 346; still under care, 188. Of the total cases 90 were men, 265 women and 179 children.

The cases were divided into the following classes: Medical, 154; surgical, 43; obstetrical, 82; babies, 67; tuberculosis, 188. Of these 124 were paying patients, and the sum of \$143.90 was received by the nurses for the visits made.

The visits made during the year totaled 6,360, and 10 operations were performed. Out of the list enumerated 113 cases were those of an insurance company policy holders, which are paid for by the company, and 1,433 insurance visits were made. At the

clinic 46 cases were treated and 10 cases for Wallum Lake Sanatorium were investigated.

OHIO—The Visiting Nurse Association of Cleveland, in connection with the Western Reserve University, offers a course to graduate nurses for social work. It includes lectures by professors of the university and medical specialists, prescribed reading, class discussions, case work conferences, field work under the direction successively of experts in the Visiting Nurse Association, the Associated Charities, the Babies' Dispensary and the Tuberculosis Dispensary. The director of the course conducts visits of observation to Cleveland institutions, public and private, including all the social and medical work of the city.

The course extends from September, 1913, to June, 1914. A certificate is given at the end of the course. Tuition, \$75. A few scholarships are available. For further information address the Visiting Nurse Association, 612 St. Clair Avenue, Cleveland, Ohio.

ILLINOIS—Members of the committee of the Court of Domestic Relations, Chicago, have succeeded in having a nurse assigned to that branch of the Municipal Court. It is the only courtroom in Chicago—except the Juvenile chambers—with a nurse in attendance.

By members of the committee of three women, of which Mrs. Gertrude Howe Britton is chairman, it is regarded as the opening wedge toward the establishment of a psychopathic department for Chicago and Cook County courts.

The board of directors of the Visiting Nurses' Association took favorable action, upon the request of the committee, and Miss Edna Foley, superintendent of the association, appointed Miss Mary Strain, who immediately took up her duties in the Court of Domestic Relations.

Gleanings from Medical Literature

Preservation of Hearing

Patients should be urged to preserve the fundamental rules of the general hygiene of the ear. They should be advised not to touch the ear deeper than the orifice of the external canal, "to scratch the ear with elbow only"; to allow no water to enter the deeper part of the external canal; to keep the nose free; to blow the nose without closing the nostrils, and, if possible, to avoid loud sounds or continuous sounds of high pitch. My justification in repeating these directions is found in the fact that many ear diseases are caused by neglect of these simple directions.—*Dr. W. Sohier Bryant, in Journal A. M. A.*



Typhoid Fever

Dr. O. H. Brown, in a review of recent articles on typhoid in the *Interstate Medical Journal*, advocates the continuous cold air bath instead of the periodic cold water bath in the treatment of typhoid fever. The dissipation of heat following immersion in cold water is at best of short duration. Instead, he recommends the gradual withdrawal of bed covering, which holds the heat, until the body is very lightly covered. If cool air circulates through the room, even in winter, a constant withdrawal of heat is kept up, with no shock to the patient nor fatigue from being moved. If a bath must be given to reduce temperature, the ideal one is a sponge bath, warm at first, gradually cooled, with friction with Turkish towels to dilate the surface blood-vessels. The diet in typhoid should consist of a small amount of protein, a small amount of fat, and a large amount of carbohydrate. Milk and albumen, water, cream and lactose are the prefer-

able forms of the three classes of food. A pound of lactose (sugar of milk) may be given in twenty-four hours.



Surgical Catharsis

S. B. Overlock, in the *New York Medical Journal*, states that so far as the surgeon is concerned the use of cathartics may be divided into two groups—their use in preparation for operation and their use in securing evacuation after operation. Until within recent years every patient about to be subjected to abdominal section was required to undergo a prolonged and thorough catharsis as a routine practice. At the present time there is less rigorous pre-operative catharsis and there is at the same time less of post-operative complications. In cases where the operation is elective and, consequently, sufficient time can be taken for preparation of the patient, a mild cathartic given three or four days before the date of operation, putting the patient on a diet and leaving but little residue, allowing water freely and giving an enema every morning to wash out the large intestine, should bring the patient to the operating table in good condition. Added to this, some drug may be given to arrest or modify intestinal fermentation. No one would think for a moment of giving a cathartic if he knew there was present, in a given case, a perforated gastric or duodenal ulcer, a perforated appendix, or an opening in any other part of the alimentary canal. Yet the surgeon is frequently told, when a case comes to operation, that a cathartic has been given, often drastic and in heroic doses. The profession at large has not yet learned that in many cases of localized intestinal lesion, like

an inflamed appendix, for instance, "purgation means perforation," resulting complications, and often death of the patient.



The Care of the Baby in the Summer

The *Medical Summary* advises the practitioner to enlighten the mother, if she needs it, on these simple yet all-important matters:

Less food is required in summer than in winter. More fluids are required in summer than in winter.

Teach her the value of giving the little one a drink frequently in warm weather. It is a good rule to always give water before feeding or nursing.

If the bowels are irritable, distilled water or water that has been boiled and cooled is to be preferred.

If the child is artificially fed, lime water should be used each time in the milk, and milk sugar should be used as a sweetening agent.

In severe gastro-intestinal troubles lavaging the bowels with soapsuds is a good procedure. This may be best accomplished by attaching a soft rubber catheter to a common syringe.

Too many young children are overdressed in warm weather. If not dressed suitably, any treatment directed at the ailing child is, in a measure, defeated.

Teach the mother the futility of giving a young child medicine, aside from small doses of calomel and castor oil.



Insomnia

A writer in the *Interstate Medical Journal* after a review of various methods of wooing sleep, advises the following: The patient, lying on his back, endeavors to touch the head and foot of the bed simultaneously by stretching the body, bringing into play muscles not used during the day. The head is

then raised one inch above the pillow and held so while the patient breathes very slowly and deeply. When it becomes too heavy to hold up it is allowed to fall back on the pillow. The same action is repeated first with the right foot, then with the left. A few cycles often bring sleep. A cold pack is also advocated, also a lukewarm bath before retiring, or a stiz bath, if a full bath is not practicable. If external noises cause wakefulness, a plug of vaselined cotton, or a ball of paraffin wax, may be inserted in the opening of the ear.



Instruments

Heller speaks of the disadvantages of carbonate or bicarbonate of sodium solutions for boiling instruments for disinfecting purposes. Instruments, especially if plated, when boiled in such solution, come out covered with a white scum, are slippery and less quickly dried and are likely to turn black, especially if they have any blood left on them. He recommends, instead, the use of sodium hydroxid or hydrate, commonly called caustic soda, which has not these disadvantages and is only somewhat more expensive, but so little is needed that this is a matter of small moment. About 38 grains, or three-fourths of an inch of stick caustic to a quart of water, makes a solution of the proper strength. He claims no originality for this suggestion as his attention was called to the fact by H. Leiter, the instrument manufacturer of Vienna. Another little point worth mentioning is the use of cocoa butter lightly rubbed on the instruments so as to deposit over them a thin film. This is better than petrolatum as it is not greasy to the touch, and does not attract or hold dust, but is equally effective in preventing rust.—*I. M. Heller, New York. Journal American Medical Association.*

Editorially Speaking

The California Eight-Hour Nurse Law

Word comes to us from California that the baneful effect of the eight-hour law for nurses upon the hospitals of the State is more apparent each day. Dr. Adolph Rosenthal, president of the Hospital Workers of the State of California, recently made a statement in which the following facts were set forth, as the results of what Dr. Rosenthal terms "freak legislation." He says:

"The poorer classes are the ones most affected by the law, for they are unable to employ special graduate nurses who are exempt from the provisions of the law, and consequently must take their chance with the inexperienced student nurses which the hospitals have been forced to add to their staffs."

"In maternity cases, where the greater part of the charitable work of the hospitals is done, we are unable to entrust these student nurses with the patients, and, consequently, it throws the burden of hiring a special nurse upon the individual, who, in most cases, is unable to bear the expense."

The framers of the law, declares Dr. Rosenthal, have lost all sense of common humanity. This, he says, is evinced in the provision of Section 1 of the Act, where fruits and perishable merchandise are placed at a value above that of human life, and which runs as follows:

"Provided, however, that the provisions of this section in relation to hours of employment shall not apply to nor affect the harvesting, curing, canning or drying of any variety of perishable fruit or vegetable, nor to graduate nurses in hospitals."

"This provision," says Dr. Rosenthal, "is a fair example of the unfairness of the bill,

and goes to show that the framers and those who passed it had little thought of the welfare of humanity as compared with that of marketable commodities."

The law, which applies to city hospitals, according to the ruling of City Attorney Long, of San Francisco, has placed the health board in a peculiar position, as the finance committee of the board of supervisors has an additional appropriation for the employment of more nurses, which would amount to approximately \$1,570 per month, and San Francisco now faces the possibility of some of its hospitals being closed down. This in itself is a very grave situation.

A movement is now on foot, fostered by the Association of Hospital Workers of the State of California, to test through the courts the constitutionality of the new law, and steps are now being taken to secure the necessary funds to put up a hard legal fight against it. All the hospitals in the State have been asked to contribute toward this and many have already signified their intentions of doing so.

Pending the outcome of this action, the hospitals are endeavoring to live up to the letter of the law, but are finding it a practical impossibility to do so.

Now this is a presentation of but one side of the question; there is undoubtedly another, and before passing judgment we should hear the other side, and consider its merits. In the meantime, we cannot pass by without comment Dr. Rosenthal's statement that "the framers of the law have lost all sense of common humanity." If Dr. Rosenthal had been observing the signs of the times, he would have known before this

that the "common humanities" are out of date and old-fashioned, in the nursing circles most active in making laws for nurses, and the leaders in the registrations movement will have none of them. They have been wiped off the map, so to speak, and in their place we find frills, fads, fancies, isms and ologies. The care of the sick and the comfort of the patient have been put aside for the so-called higher education of the student nurse. If we may judge from the statements made by some of the extremists, it is of no consequence whether a nurse can give adequate service in the sick room or not, providing we can be sure that she has a smattering of every ology under the sun. Nor are the nurse extremists the only ones to blame for this state of affairs. Some of those at the head of our large hospitals have run just as mad on this question of so-called higher education as the nurses, and their narrowness and fanaticism is quite pitiful.

There is only one hope in the situation, namely, that in nursing education the pendulum has swung so far away from the "common humanities" that there is bound to be revolt and reaction; that great panacea for all our ills—public sentiment—will demand it. Let us hope the time is not far distant.



Hospitals and the Nursing Question

In the first issue of *The Modern Hospital*, Dr. Winford Smith, writing editorially, under the caption "The Real Hospital Problem," calls attention to and protests against what he considers the undue attention given in hospital journals and hospital circles to the question of nursing. He suggests that hospitals (quoting from the editorial) "leave the nursing problem alone for a while, and acknowledge that it is safe and better handled in the hands of nurses." "We all admit," he says, "the development of nursing to be one of the great achievements of our hospitals, but let us ask ourselves, Mr. Superintendent and Mr. Practising Physi-

cian, what we have ever contributed to this splendid development. Why should not boards of examiners be composed of nurses?

. . . Why not be honest," he inquires, "and if opposed to maintaining high standards and registration and all the nurses want, say that we are opposed because it may mean that our institution will have to pay more for the nursing, or because it will require some very careful study in readjustment. Let us not try to deceive ourselves and others in the belief that our opposition is because of our interest in the nursing profession or the public. No one who knows is deceived," etc.

Dr. Smith's editorial reminds one of the school teacher's admonition to a class of small boys. A cement sidewalk was in the process of construction not far from the school. The teacher said, "You know, children, you must never try to step on the cement until it is quite hard, for if you do, you will leave your footprints in it." And immediately there was created in each little breast a wild desire to go out and make his footprints in the soft cement.

If Dr. Smith really desired to keep nursing matters out of sight, he should not have written an editorial relating to nursing which fairly bristles with points for argument, and thus tempt people to seize their pens and "answer back."

When Dr. Smith makes the appeal for us to be honest and not to try to deceive ourselves does he mean to convey the impression that no one who disagrees with him on nursing questions can possibly be *honest*? Does he really mean that all those who do not wholly accept his opinions are deceiving themselves? Is he unwilling to give those who differ with him and his colleagues no possible chance to hold an honest opinion? When he asks Mr. Superintendent and other hospital officials what they have ever contributed to the splendid development of nursing, does he forget the many hospital officials who are nurses, or does he mean to imply that

these nurse hospital superintendents have never contributed anything to the development or improvement of nursing. Probably two-thirds of the hospital officials or hospital superintendents of America are women and nurses, and it will be hard to convince them that nursing is not a proper subject for discussion in a hospital association.

The Hospital Section of the American Medical Association had the best chance in the world to discuss hospital work with nursing left out. Nurses are not eligible for membership, therefore no one was likely to urge the claims of the nursing department to equal consideration with other departments. The members of the section were mostly men; they could plan their programs according to their own sweet wills. Yet what do we find? We find these men, these doctors, who have fussed for years about so much attention being given nursing in the American Hospital Association programs, in their second meeting advertising that three papers of their section would be devoted to nursing. Good papers they were, too.

We think there are quite a number of intelligent people who will fail to see why the nursing affairs of the hospital should be left entirely in the hands of nurses, why the hospital superintendent should not sustain the same relation to the nursing department that he does to every other, and why if he is superintendent to the whole institution he should have no voice and no representation in discussing nursing matters which vitally affect his hospital.

Is there any hospital problem more real than the nursing problem? Is there any phase of hospital work which more vitally affects the sick? Is there any department of hospital work which has in it greater possibilities for making or marring the reputation of the hospital than the nursing?

There are several good, strong, logical reasons why hospital officials should have some representation on registration boards, which have to deal with questions affecting

the welfare of every patient who comes to the hospital for care. In the beginning of registration, hospitals were content to leave the matter entirely in the hands of nurses. It is only because of much tribulation and unfortunate experience that they have been forced to demand in some States representation. Any nurse who is unwilling to allow hospitals to be represented on the registration board, or who is unwilling to consult with hospital officials regarding training school problems, is a dangerous person to be in such a position of authority.

Is it not just possible that it is Dr. Smith who is deceiving himself? The question that is being asked by many is "Does the editorial by Dr. Smith express the policy of *The Modern Hospital*?"



Training or Service?

Do those who employ trained nurses pay for training or for service? Does a business man care how many college degrees the young man he employs has, or how long he has spent in getting them, if he is not able to give the kind of service the firm needs. Which does he pay for—the training or the service?

Does the fact that a nurse has spent three years in getting her training prove that she is always and everywhere worth \$25 or \$30 a week, if she fails to give the kind of service that is required? Does the fact that a university student has spent \$2,500 in money and four years in time in getting a university training prove that he is worth a certain sum, and that some other man who has only spent one year in college could not possibly be worth the same amount. The public is usually willing to pay for value received, but every year it seems less inclined to pay for empty titles or for an education which may or may not have fitted one for service—the kind of service the world is asking for.

We have become so accustomed to hearing that because a nurse has spent a certain

specified time in training that she is therefore worth \$25 or \$28 a week, and that one whose training course was not so long could not possibly be worth the same sum, that it came with a good deal of a shock to us when we received a letter from a physician of New York State, in which he ruthlessly swept away these time-honored beliefs. He said that it did not make a particle of difference to him how many years a nurse had spent in training, if she was unwilling to adapt herself to the needs of his patients. He said that for some of his patients he liked to know that the nurse had received special training in that branch of work for which she was required, but for many of them he did not care whether the nurse had ever been in a hospital or not, that the community sizes up the nurse according to her ability and the service she renders. He said, further, that the non-graduate nurse who could take care of a maternity case safely and well and also take the responsibility for getting simple meals for the patient and herself, and one who could keep the household machinery running smoothly, was worth many times more than a graduate nurse who simply took care of the patient.

Now all this sounds like rank heresy. It is disturbing to the complacency of those who have been trading on the number of months spent in the hospital rather than on the quality of service rendered after training. We have heard a tremendous lot lately about "educational standards," "standards for training schools," "nursing standards" and various other standards. May it not be possible that by and by we will give just a little more thought in our training schools to standards of service. Perhaps we will even try to get a few lectures on household conditions in the cities, towns and country places of America, and the human needs to be found in those homes, and give nurses some standards of service for those homes, before they leave the training school. Then the graduate of the future may find that people

are much more willing to pay for service than for years spent in training.



Interesting Questions

At the Round Table Conference of the American Hospital Association, one of the subjects discussed was the employment of nurses in preference to internes as anesthetists. Notwithstanding that the conference was reminded that the American Medical Association had placed its seal of disapproval upon the employment of the nurse in this capacity, there was a strong sentiment in her favor. A standing count was taken, and it was found that thirty of the hospitals represented employed nurses as anesthetists.

Another subject was whether the use of the typhoid serum should be made obligatory in training schools. Though the sentiment was in favor of the use of the serum, it was generally believed that it could not be made obligatory, unless the nurse signed a contract to this effect on entering the training school. A standing count was made on this question, and it was found that thirty of the hospitals represented used the serum in the training school.



The Modern Hospital

An interesting feature of the Hospital Convention was the presentation to the hospital field of the latest addition to hospital journals, *The Modern Hospital*. The initial number gave every evidence of the time and money which had been expended in its making. We are told that this high order of excellence is to be kept up and that every effort is to be made to conduct it on the very highest educational lines. THE TRAINED NURSE AND HOSPITAL REVIEW bids it welcome, and wishes for it a full measure of success, and a sincere hope that it will survive the accident of the "launching," namely, Dr. Winford Smith's editorial.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Hospital Convention

The convention of the American Hospital Association held in Boston the last week in August, maintained, in interest and attendance, the high level of recent conventions. The program was rich and varied. The local committee had made excellent provision for entertaining the guests. The hall was well arranged for the purposes of the convention and the location at the Copley Plaza was admirable for sight-seeing and for the general needs of the visitors.

Dr. Holt, of the Boston City Hospital, contributed more largely than he realized toward the smooth running of the convention machinery. His genial personality pervaded the place. He it was who attended to the thousand and one minor things, receiving messages for visitors, interviewing newspapermen, and the people who came on all sorts of errands. He shared with Miss Goodnow the heavier part of the burden of the non-commercial exhibit, which requires a tremendous amount of detail work. The exhibit of this year was admirable, and the committee is to be congratulated on the success of its efforts.

One who is a close observer and has attended most of the meetings held in the last eight years, could not fail to see that the association is growing marvelously, broadening in its outlook, and getting a firmer grip on the problems that confront hospital workers. The out-patient department is growing in importance every year. The papers presented by Mr. Davis and Dr. Goldstein this year gave much food for thought and will bear fruit in time to come.

A comprehensive and practical plan for the training of hospital executives in hospitals was presented by Dr. Babcock. The need for at least a dozen training centers for hospital executives in large hospitals in different parts of the country is very apparent. These must soon be developed, if needs are to be properly met.

For the first time the association divided into sections. The whole of one day was given to the smaller hospitals, for a discussion of their special problems. Three most interesting sessions served

to show that, given a chance, the smaller hospitals are abundantly able to carry through a splendid program. The morning session was taken up with the presentation by Mr. Olson, of the Swedish Hospital, Minneapolis, and the discussion of a paper on "How the Small Hospital may be made self-supporting." No more practical or forceful paper has ever been presented before the Association.

Miss Baker's paper on "The Employment of Third-Year Nurses as Specials," elicited much favorable comment. It was evident that she had practically the entire audience with her in her insistence on special duty nursing as an important part of the pupil nurses's experience. She even had the courage to say that a little experience in the homes before graduation, under the supervision of a social worker who was familiar with private duty problems, would make her a better-prepared nurse when she graduates. And again the audience agreed with her common-sense putting of the case.

The social service session on Thursday evening was, as usual, one of the most enthusiastic sessions of the convention. Four papers were presented on different phases of the subject by Miss Helen Glenn, of Philadelphia; Miss Elizabeth V. H. Richards, of Boston; Dr. Andrew Warner, of Cleveland, and Dr. Roger Lee, of Boston. The new Peter Brigham Hospital attracted many visitors, as did various other of the local hospitals. The Massachusetts General and the Boston Floating Hospital had much that was interesting to show. One enthusiastic visitor was so charmed with what she saw at the Boston City Hospital, and with some specially interesting features shown by the head nurse who accompanied the party, that she wished she might have spent a week studying their methods.

The one great outstanding disappointment of the convention was the arbitrary suppression of debate on the papers relating to nursing that were presented. There were visitors there who had come hundreds of miles, mainly to hear the discussion of the papers relating to nursing that

were on the program, and the shutting down on all debate and the dismissal of the audience without an opportunity for any one present to express an opinion *pro* or *con* regarding the papers presented is one feature which is hard to understand and for which no one seemed to have an explanation. The committee on grading of nurses is continued for further study, and it is hoped that this question, which is so large and which concerns so many people, may have a fair hearing in St. Paul next year.

The newly-appointed officers are president, Dr. Thomas Howell, of New York Hospital; vice-presidents, Mr. H. E. Webster, Royal Victoria Hospital, Montreal; Miss M. A. Baker, St. Luke's Hospital, Jacksonville, Fla., and Miss Margaret Rogers, Jewish Hospital, St. Louis. Secretary, Dr. H. A. Boyce, General Hospital, Kingston, Ont. Treasurer, Asa Bacon, Presbyterian Hospital, Chicago.

Considerable excitement was created over the relative merits of Baltimore, Indianapolis and St. Paul as desirable places for the next meeting. A strong effort was put forth to bring the convention to Baltimore, but the Western men presented their claim so well that the vote for St. Paul was almost unanimous.



The Non-Commercial Exhibit

The non-commercial exhibits of the American Hospital Association were more in number than ever before and of marked interest. The exhibits are of appliances, apparatus and methods invented by hospital people. They constitute a sort of clearing-house for new ideas, and many of them represent the last word in hospital convenience. The exhibit is of great help to the live superintendent who is looking for the best.

The Boston hospitals did their part, and as Boston starts many good things, their exhibits were valuable. The Boston City Hospital had a roomful of appliances, representing methods in use from operating room to diet kitchen, with a host of labor-saving devices. The Collis P. Huntington Memorial Hospital and the Devereux Mansion Sanitarium at Marblehead had some excellent exhibits in invalid and handicapped occupations. The Hospital Social Workers' Association had a large exhibit, setting forth its methods of work, of recording and following up cases, etc. The Children's Hospital exhibited an extension device for leg fractures in small children (a crane to hold the leg, so that the little patient's body becomes the weight), a bath table, made square instead of oblong and thus affording room enough for all necessary sup-

plies, an outdoor bed (made from a box set on the wheels from an invalid chair). The Infants' Hospital exhibited a premature baby's dress, padded, with hood, etc.

The Rhode Island Hospital of Providence showed an invalid lift, which combines the virtues of a lift and a wheeled stretcher, and is a most practical piece of apparatus. It obviates the necessity of lifting patients on and off bed and on and off operating table, making one transfer only instead of two or three. This hospital also showed a fracture reducer, a bottle washer, etc.

The Society for the Relief of the Ruptured and Crippled of New York exhibited their new operating table, and their unique toilet rack for ward patients, which keeps everything in a nutshell, and in tidy and accessible condition. An illustration of this was given in the September number of *THE TRAINED NURSE AND HOSPITAL REVIEW*.

Miss McCalmot, of Brooklyn, showed her restraining device which controls a delirious patient, yet permits him to turn in bed. The New England Deaconess Hospital showed a supporting device to hold a patient up in bed comfortably. The United States Indian Sanitarium exhibited a canvas protector for outdoor beds, used also to shield patients from storm, and an emergency sputum cup.

The Massachusetts General exhibited a rectal seepage apparatus which keeps the solution warm by means of a thermos bottle, while Dr. George Tuttle showed a similar apparatus which warms the solution just as it enters the rectum.

The Rainbow Sanitarium at Cleveland showed six dolls, illustrating apparatus and mode of application for treatment of surgical conditions and deformities.

A self-retaining gown, applicable specially to contagious work or typhoid cases, where the gown must be slipped on and off many times a day, requiring no buttons or strings, was shown.

Detailed information concerning the exhibit, or additional facts, may be secured from Miss M. Goodnow, of 9 Park Street, Boston, who had the exhibit in charge.



The Visiting Committee

Most hospitals have a visiting committee, so-called. There is lurking in most communities a tradition that all institutions which appeal for support to the general public, or which receive support from public funds, should be periodically inspected by somebody. It is also generally understood that this person or committee should report his findings to somebody else, who (or

which is supposed to be in a position to correct matters, where correction is needed, or to supply needs when such exist.

Without doubt the basic idea is good, but the method of giving the idea expression is, especially in smaller hospitals, often decidedly open to question. In the case of many hospital boards, especially boards composed wholly or mainly of women, the appointment of a visiting committee is not made with the expectation of results. Very often it is made with the idea of giving somebody whose usefulness on the board is undetermined, something to do to keep them interested.

It might be expected that such a committee would need to know something about a hospital. But such is not the case—in some hospitals, at least. The members of the board who are put on a visiting committee are not by any means those who have the best knowledge of the work the hospital is supposed to do. They are often selected simply and solely to give them something to do and "visiting" is supposed not to entail any very definite responsibilities. If they were given a list of points to be observed and reported on, the work might be regarded as a sort of training of new members for greater responsibilities. A list of pointers on what not to do would help along the educational process.

To be perfectly honest, most of these visiting committees are well-meaning and harmless. Very often the tactful, wide-awake nurse superintendent may find them quite useful allies, if she succeeds in impressing on them in a practical way the need for certain changes or for some new item of equipment. Very often the visit of the visiting committee resolves itself into a social call on the busy superintendent—a call without point or purpose, yet faithfully made, because the committee was appointed to visit the hospital.

Occasionally the visiting committee (both male and female visitors do it) make it their business to go the rounds of the wards, and in a stage whisper ask the patients if they are well taken care of or if they have anything to complain of.

A few "Do's" and "Don'ts" for visiting committees might prove of real value in strengthening the weak points in institutional management. Here are a few that experience has taught the writer might be useful.

Do, before visiting with the intent of passing judgment on an institution, visit several other hospitals similarly situated, and thus be better prepared to measure the good and inferior points in your own.

Do try to be fair and to report the best as well as the worst which you observed.

Do resolve firmly not to report non-essentials. A lady visitor reported that a hospital was lacking in neatness, because she saw a man's boot on a chair. The orderly was undressing the man behind the screens. The boots were the first articles removed, and the screen did not reach around the chair at the head of the bed. It was so easily understood, but she did not try to understand it.

Do not go about looking for faults, though the visitor need not be blind to them. Those who look for faults sometimes find them where none really exist.

Do guard against snap diagnosis of any situation. The hospital is an exceedingly complex institution. In all institutions there are conditions which might be improved.

Do try to see things from the viewpoint of the chief executive in a hospital before attempting to teach or criticise.

Do not question nurses or subordinates about those in authority. The visitor who does that is a dangerous individual.

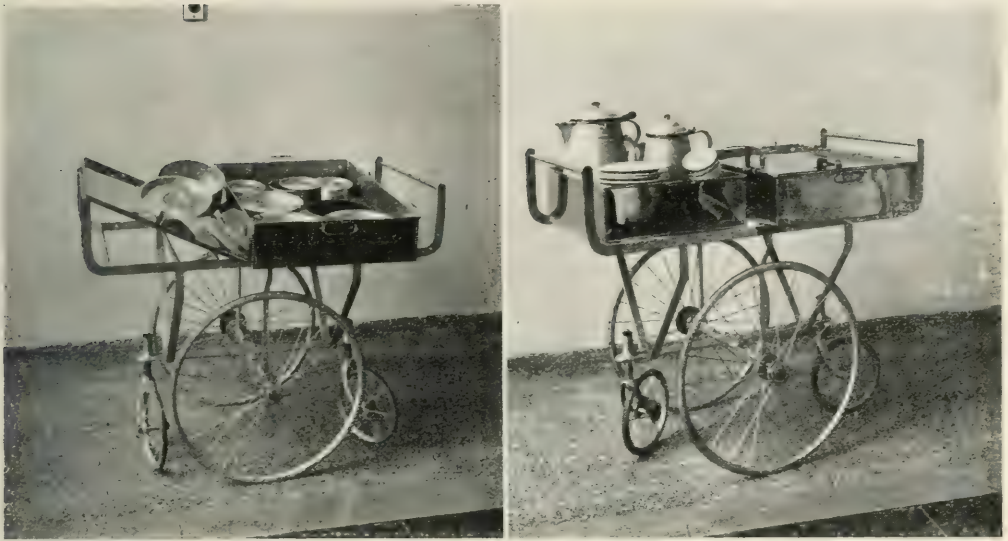
Do report facts, not opinions, or the opinions of some other person.

Do not go to the board with complaints based on the perhaps highly exaggerated or colored story of some patient who felt he had been neglected or abused, or had not had fair treatment. If you are going to report the story, report both sides. Find out what the hospital workers have to say about it.

Do remember that all the frailties of human beings when they are well are apt to be exaggerated when they are sick, and that mountains are often made out of mole hills in hospitals by patients who really think they are telling the truth, the whole truth and nothing but the truth.

Do try to understand the aims and objects of the hospital and the main methods used in reaching those objects—what rules have been found necessary for the proper administration of the work, the methods used in admitting, caring for, and disposing of patients, and in obtaining and caring for the supplies in general. This will so enlarge the vision of the average visiting committee that he will probably see fewer defects and more to commend.

Do take for granted that a superintendent who lives at the center of the hospital activities every day knows more about hospital needs and conditions than any member of the board can possibly know, and talk over minor complaints with the superintendent rather than with other people less able to correct them.



FOOD CARRIER, MEMORIAL HOSPITAL, BRATTLEBORO, VT.

A Food Carrier for the Small Hospital

The keeping of food hot while in transit from the kitchen to the bedside is one of the problems of every hospital. It is not easily accomplished in any hospital. Many of the food carriers on the market are not well adapted to the small hospital. At the Memorial Hospital, Brattleboro, Vt., the superintendent, Miss Mary E. Schumacher, by the use of a little ingenuity and the adaptation of materials which are on the market (but not in just the form she has worked out), has evolved a neat, commodious food carrier for the small hospital, which does the work—carries the food to the bedside and keeps it hot, takes up very little room and is light, easy to guide and easy to handle.

Of it she writes: "I am enclosing two pictures of our food carrier, one when ready for use and one to show the inside of the food tray. This is especially fitted for a small hospital, preferably on one floor. It could, however, be easily carried on an elevator, if it were necessary.

"I have the trays set up in the diet kitchen. The carrier is then heated with boiling water and taken to the general kitchen for the food. One nurse carries the trays and another nurse with a maid follows with the carrier, and the food, and serves at the bedside just what is wanted. On the carrier are the hot plates, tea, coffee, etc., and a pitcher of hot milk is also on the carrier. We find it more useful for dinner than any other meal. At breakfast time all patients are not ready at the same time, and our suppers are light, often cold. At such times they are served just as well

from the diet kitchen. The trays used on the carrier were taken from the McCalmont food carrier, made in New York City. The carriage itself was too large for our use and rather difficult to guide, so I hunted till I found in Boston the smaller carriage, and with very little difficulty combined the two."

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Medical Organization for Small Hospitals

A correspondent who is superintendent of a fifty-bed hospital in the West in a city in which there is another general hospital, slightly larger, and one or two private hospitals, writes inquiring as to the best system of medical organization for a small hospital situated as they are. Most of the patients are paying patients. It is quite probable that the *best* system has yet to be evolved, and it is also probable that no system, however perfect, would be equally satisfactory in every place, strange as it may seem, though volumes have been written on the subject of medical organization, the system proposed, and the resulting discussion has almost invariably centered around the *large* hospital. Perhaps some day some one will deal with the problems incident to the medical work in a small hospital and how best to deal with them. In the meantime, if any one has any suggestions to offer our correspondent, we shall be glad to publish them, and the sender can be assured that whatever she sends will find a large circle of interested readers, for the correspondent mentioned is only one of many who are puzzling over the self-same problem.

Notes and News

The Asheville Mission Hospital, North Carolina, concluded a successful ten-day campaign August 11 for raising funds for enlargement and though it was mid-summer and the height of the season at this famous Southern resort, approximately \$50,000 was subscribed. The campaign was under the direction of A. F. Hoffsommer, of Harrisburg Pa.

The St. Luke's Hospital (Jacksonville, Fla.) Association has secured the services of A. F. Hoffsommer an expert campaign director, of Harrisburg Pa. to assist them in a short-term campaign for \$150,000 for their magnificent new hospital which will be opened about November 1. This sum will complete payment on the cost of buildings and furnish a modest endowment.

To Miss Sophie Rabinoff, a member of this year's graduating class of the Woman's Medical College of Pennsylvania, has come the honor of being the first woman ever appointed to an internship at Beth Israel Hospital, New York City. Miss Rabinoff won the appointment by triumphing over thirty men in a competitive examination.

Dr. John A. Wyeth, President of the New York Polyclinic Medical School and Hospital, modestly appeals through the New York *Sun* for a million dollars for the hospital. He is not satisfied that so many millions of dollars should be given to hospitals in Baltimore and Boston and his institution not receive a like amount. "Our service," he says, "is just as good, our laboratories and methods as efficient and our aspirations for greater perfection and greater usefulness are just as high and altruistic as those of our colleagues in Baltimore or Boston.

The Polyclinic needs a million dollars to insure its full efficiency as a great philanthropic enterprise. Those in charge of its workings will engage to demonstrate that it is second to none in its possibilities for the betterment of mankind and that in the light of what it has done and is doing it deserves encouragement and aid.

The new building for Sibley Hospital, Washington, D. C., has been opened for patients. It is six stories in height. The first floor is given over to the resident and visiting physicians, the internes and the office. In the basement are the physicians' lounging room, the house kitchen, nurses' dining room, store room, refrigerating plant and laboratory. The upper five floors are

all similarly equipped, each with a diet kitchen, one large ward, three small wards, ten single rooms, two larger rooms with bath, and a duty room. Main operating room is on the upper floor.

The J. Hood Wright Memorial Hospital, New York, has secured permission from the courts to change its name to Knickerbocker Hospital. The petition stated that since Mr. Wright's death the population of the district served by the hospital has increased greatly and the necessity for more funds for the hospital has increased proportionately. The hospital managers and Mr. Wright's heirs believe that the present name of the hospital leads to the belief that it is so liberally endowed it does not require outside assistance, and for this reason none has been forthcoming. They say that Mr. Wright desired outsiders to contribute.

There are scores of other hospitals bearing the names of individuals which find the name a handicap to securing contributions in any large amounts. Either the people who could give liberally to the support and extension of the hospital object to giving their money toward a memorial for one who was unknown to them, or was not the type of individual they admired, or they think the one for whom the building is named either has left money to endow it or should have done so. Thus the attaching of the name of any individual to an unendowed institution may become a real hindrance to its expansion, and to the work it is designed to do.

Mount St. Mary's Hospital, at Niagara Falls, N. Y., will when finished, be able to boast of a \$10,000 organ, operated by electricity, and which will have at least three extensions that will occupy the sun room, the main ward, and the auditorium while the chief structure will occupy a position in the chapel. The organ is a gift from the patentee or manufacturer of the instrument, in New York.

Articles of association have been filed for the Manufacturers' Mutual Hospital, Detroit, to be located, probably, on Jefferson Avenue east. About one hundred manufacturers are in the movement. Among those most prominently identified are F. P. Johnson, of the Detroit Screw Works; A. A. Templeton, of Morgan & Wright, and E. S. Barbour, of the Michigan Stove Company.

It is understood that the new institution is an outgrowth of the workmen's compensation law, which requires employers to pay for hospital treatment of persons injured in their employ.

Book Reviews

Manual of Obstetrics. By John Osborn Polak, M. Sc., M.D., Professor of Obstetrics and Gynecology in the Long Island College Hospital, Gynecologist to the Jewish Hospital, Consulting Obstetrician to the Methodist Hospital, of Brooklyn, N. Y. With three color plates and 119 illustrations in text. Appleton & Co. For sale by Lakeside Publishing Company. Price \$3.00.

The object of this book is to place the essential facts and principles of obstetrics within the easy grasp of the student. It is intended as a systematic introduction to the more elaborate treatises and as a guide in following the didactic and practical teaching of the college course.

The book is divided into the following chapters: Anatomy of Female Genital Organs, Reproduction, Diagnosis of Pregnancy, Multiple Fellation and Duration of Pregnancy, The Management of Normal Pregnancy, The Physiology of Labor, The Mechanism and Management of Normal Labor, Physiology of the Puerperal State, The Condition of the Child at Birth, Artificial Feeding, Disorders of the New-Born Infant, The Pathology of Labor, Pathology of the Puerperal State, Obstetric Surgery. Each chapter has many sub-divisions.

This book will be found of equal value to the nurse. It is full of practical suggestions and valuable information given in an unusually clear, concise manner. The chapter on the care of the new-born will be found of special interest to the nurse who makes obstetrics her specialty. Aside from its literary and educational value, the book is most attractively presented in flexible leather binding, with illustrations of more than usual merit.



A Handbook on Mental Hygiene, for popular use, containing discussions on nearly every phase of mental troubles, their nature, cause and prevention, has just been published by the State Charities Aid Association. The authors of the handbook comprise an unusual group of more than twenty of the most prominent physicians, educators and sociologists in this country—many of them possessing an international reputation.

The handbook is the proceedings of the Mental Hygiene Conference held last winter at City College.

This Conference, the first of its kind ever held, was widely reported throughout the country, and even attracted attention in the foreign press. The twenty-nine addresses make up a volume of 224 pages.

Some of the topics treated are: Unsoundness of Mind a National Handicap, Prevention by Popular Education, Social Service in Preventing Mental Breakdowns, Self-Management, Day Dreams and Thinking, Alcohol and Insanity, Early Manifestations of Mental Disorder, Syphilis and Insanity.

Among the contributors to the volume are: Dr. Barker, Johns Hopkins University; Dr. Jacobi, president American Medical Association; President Butler, Columbia University; Dr. Jelliffe, Fordham University; Dr. Peterson, Columbia University; Dr. Southard, director Boston Psychopathic Hospital; Mr. Folks, secretary State Charities Aid Association; Dr. Meyer, Phipps Psychiatric Clinic; Dr. Mabon, superintendent Manhattan State Hospital; Dr. Gildersleeve, Barnard College; Dr. Paton, Director of Exhibit of National Committee for Mental Hygiene.



American Red Cross Charts for Teaching First Aid.

Prepared by Major Charles Lynch, Medical Corps, U. S. A. Price \$4.00. For sale by Lakeside Publishing Company.

It is believed that these charts are in advance of anything previously published, and should find a place in the teaching department of every training school for nurses. There is a growing need for practical instruction in the commoner first-aid procedures, and pictures such as these will convey to the student more than many pages in a book. They show, in the clearest possible manner, exactly where first aid is required. We would call especial attention to the two charts on how to rescue a person from contact with electric current.

(Continued in Publisher's Desk)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Working Hours for Nurses

To the Editor of The Trained Nurse:

Apropos of the present discussion as to whether or not the number of hours on duty for the pupil nurse should be regulated by law, perhaps a partial account of the training of myself and my fellow classmates may not be amiss.

Our course was nominally two years and one month, but as all time lost by sickness must be made up at the end of the course, very few of us were fortunate enough to escape with twenty-five months of service.

We had several regular tours of duty, *i.e.*:

Twelve-hour day duty on the general wards. Twelve-hour night duty on the general wards, with from two to four wards, two of which were up a flight of stairs and all were widely separated by long corridors. There was only one night nurse and no orderly or attendant even on the men's ward.

Eighteen-hour duty on the private corridor, with from three to nine private room patients, both medical and surgical, to say nothing of semi-occasional delirium tremens cases, with no extra assistance furnished the 18-hour nurse. This tour of duty was usually for five weeks.

Twenty-four hour duty, either specializing or on duty on the private corridor, when there were three or fewer private patients. One of my seniors in the same school was kept on 24-hour duty for seven continuous weeks. I never had more than five weeks at a time, although the intervals between "times" were sometimes short.

During our 12-hour day duty we were supposed to get a half day off during the week and also half of Sunday. However it seemed to be surprisingly easy for emergencies to arise which prevented our getting some of those half days.

During the 18-hour tour of duty we went off duty between 1 and 1.30 P.M. and must report on duty at 7.45 P.M. We must take time out of this for our dinner and supper and two days in the week we must be up for classes: Cooking class at 3 P.M. one day and regular class at 5 P.M. the other day. The rest of the time we were allowed for sleep and study.

During the 24-hour duty all the sleep we had was taken while we were fully dressed and in a steamer chair (not one of the nice, comfortable, sweet-grass affairs, either) and between the calls of our private patients. How we did love a patient who slept well. Alas, they were few and far between! Both on 18-hour and 24-hour duty we were expected to have all baths given, toilets made and beds and rooms in order before the arrival of breakfast at 7 A.M. One of my classmates always began her baths at 2.30 A.M., and was held up to the rest of us as a model who always had her work done on time. The rest of us tried not to begin before 3.30 A.M., out of regard for the feelings of our patients.

While on 24-hour duty all time for our own baths and a change of clothing must be stolen from meal time and woe betide us if we reported back late. After one has worn her corsets night and day for from four to five weeks, one gets rather tired of them.

One instance in my own case may serve to show what occasionally happened. I had been off duty, sick, for nearly three weeks, and while far from well was allowed by my surgeon to go back for "light duty" *only*. Within a week I was obliged to serve 48 hours continuously. I started out in the morning on general ward duty, that night was in attendance on an obstetric case and the next day was with the obstetric case and relieving on a downstairs general ward. That night we had an emergency laparotomy and I was not only down to prepare for that, but was called upon to help clean up the operating room afterward. After that was finished at 7 A.M. I went back to my obstetric case for a short time, and then was called to special the new operative case, which had developed peritonitis, with constant vomiting. At 1.30 P.M. I asked to be relieved for an afternoon's sleep, as I must special the man that night. I was treated to a most scathing lecture on my laziness and was publicly disgraced, but I got the afternoon to sleep, which was all that mattered.

Out of twenty-six months spent in training I had three months of 12-hour night duty, eleven months of 18 and 24-hour duty and the other

twelve months on 12-hour day duty. Figure up for yourselves the number of hours of work given to the hospital. As long as there is no law to prevent them, there will be unprincipled hospital superintendents who will make use of the power they have. It seems to me that a law which will regulate such practices and protect the pupil nurses cannot be passed too soon nor enforced too strenuously.

I am told that in recent years the hospital from which I graduated has somewhat modified its course, but that conditions are far from being ideal now.

Since graduating I have served in three hospitals, where the 8-hour tour of duty was rigidly adhered to and not only could I discover no bad results from this, but on the contrary, the work was given better attention and the hospital service much benefitted. Beside which the nurses, when through their course, were ready to go out and earn their living, instead of being wrecks, as we were.

I have never yet met a nurse who would refuse to serve overtime, or that did not do so cheerfully when an emergency arose.

ONE OF THE OLDER GRADUATES.



Another Side of the Question

To the Editor of The Trained Nurse:

Will you kindly grant me space to reply to one point in the article on "Working Hours for Nurses" by Mary Anna Goode, in your August number. I think that she is right in saying that we should shift the emphasis to the number of hours weekly rather than to try to secure laws providing for an eight-hour day. But like many others she is unfair to hospitals. She picks out an exceptional case or an emergency day and gives the impression that hospitals in general, or a great many of them, have their nurses work 77 hours in the week. That, it seems to me, is extremely unfair. Even when I was in training, many years ago, we got our hour off duty regularly, and an hour for meals. We got an afternoon off each week, from two o'clock, and we got either from 10 to 2 or from 2 o'clock for the rest of the day on Sundays. It was a rare thing that we missed. Indeed, I hardly remember missing my weekly afternoon off.

I try to do the same by my pupil nurses, and usually accomplish it. We do our own "specialing," with pupil nurses, and I find that they take it as an honor and a privilege to do special duty in many cases, especially the first few special cases they have. I believe the easy cases they

have are much more frequent than the hard ones, and I have had, again and again, nurses come to me to ask to be taken off special duty because there was so little to do. They said they were tired "loafing" and playing companion to a patient who didn't really need a special nurse. They have always a day or two off duty when the special case has lasted over a week.

I believe that all hospitals should keep a few reserve nurses. I find that it is much easier to plan my work, since I have adopted this plan, and I believe fully in the plan of "vacation relief nurses," especially in larger hospitals. A great many nurses who cannot afford and do not need to spend six months in a hospital brushing up on newer ways of doing things, would gladly give one month or two in the summer for "vacation relief" work. A sixty-hour a week law or even a fifty-six hour law should not work much hardship to any hospital, but I hardly see how we could manage with the 48-hour law, such as the nurses in California have succeeded in passing. It looks as if the law was framed to benefit graduate nurses financially rather than the public or the hospitals.

A HOOSIER.



Tact—And Does It Pay?

To the Editor of The Trained Nurse:

Articles in the *TRAINED NURSE*, and particularly those of the following nature, have always been very interesting to me, therefore I would like to recite an experience of mine which some one else may care to read and possibly profit by.

About three months ago I was called to the home of Mrs. G. to nurse her little three-year-old girl; they were people of means and could well have afforded a nurse when the child was first taken ill. If you have ever done any nursing of children you will soon find out, as I did, what an aversion to a nurse taking charge of her dear one the average mother has, and to win the love and confidence of the parent as well as the child is your first aim, for without either of these your work certainly is not enviable.

I found little Dorothy in about her seventh day of pneumonia. A very ill child; in fact, too ill to notice or even care that I was not her mother when I gave her a swallow of water, which she asked for just as I came into her room. The following day word was sent to her grandmother, of whom Dorothy was very fond, and who had been visiting in New York; several hours previous to the arrival of the grandmother Dorothy's mother came to me and said that I should not be surprised if grandmother wanted to try some of

her "home remedies" on the child, for that most likely would be what she would want to do. Carrying out the doctor's orders in a hospital where there is no one to interfere and in a home where anxious relatives watch every move are two different things, and particularly in the case where the patient is a child, but I had been prepared by the mother's few words.

At 7 P.M. grandma came into our room very much excited, anxious, and in fact, in her hurry to get there, quite out of breath; she took one swift look at the room (open windows), at the child and then at me, and after a few words left us. In a very short time her son, Dorothy's father, came to me and wanted to know if "I would have any objections to mother putting onion poultices on Dorothy's chest." The child had had pneumonia before and the doctor did not object to the above treatment; in fact, they gave the poultices the credit of saving the child's life; they were willing to take the risk of the doctor's displeasure. What would you have done? Everything from a professional point of view that could be done for the child was being done; the temperature threatened empyemia, and the antiphlogistine jackets had been removed and ice and alcohol baths used; the child was likely to die at any time and had she done so with my emphatic refusal of "home remedies" which had "been the means of saving her life," nursing in general would have lost a very good friend in the family. With just a moment's hesitation I said I had no objection to home treatment if they were willing to take the responsibility, at the same time making a vow that I would "get around the home remedy," for various reasons.

One-half hour later I smelled onions frying and knew if I intended acting it would have to be done quickly. Leaving the child in care of the mother I called the father to the library, and told him I thought he would appreciate my position as nurse, and also would understand that it was for the good of the child that no treatment other than that ordered by the doctor should be given; explaining that we were trying to reduce the temperature with ice, that we did not want to disturb her any more than was necessary, and that in case of empyemia heat was contraindicated. For my explanation he thanked me and said nothing should be done but by my express order, at the same time saying that he knew I would not treat lightly "home remedies" if the case demanded them. During the night the child passed the crisis and slowly continued to improve. The doctor and nurse today are both given the credit of doing good work, and

have, in fact, both been engaged by grandmother and mother at different times.

May I term this tact and ask, does it pay?

B. E. S.



An Appreciation

To the Editor of The Trained Nurse:

I could not get along without **THE TRAINED NURSE**, for it has helped me in many ways since I began taking it.

I am a trained nurse, but not a graduate, having been compelled to give up the training, and the magazine has literally been a cripple's crutch to me, for I feel my incapability in so many ways, and am looking forward to resume training.

Have been especially interested in the articles regarding the classification of nurses, and heartily indorse it, even though I would be far from Class A.

Best wishes for its future success.

IOWA.



A Suggestion

To the Editor of The Trained Nurse:

Referring to your article, "A Nursing Problem," in your September issue, has it never occurred to you that much might be accomplished by bringing about a return to the wholesome fashion of having women's dresses button in front instead of behind?

G. A. BLUMER, M.D.



The Term Nurse

To the Editor of The Trained Nurse:

In turning over the pages of your July issue I find Miss Noyes "meaning" of the word nurse, and your article.

It might be well for Miss Noyes to look up the word in Webster's Unabridged Dictionary, also the Latin derivation. Custom may uphold the meaning, as she gives it, but custom is an elastic phrase, usually territorial and liable to be influenced by local color, sometimes lurid.

L. A. M.



Too Late for Classification

The Alumnae Association of the City Hospital Training School for Nurses, will give a dance in honor of the graduating class, Wednesday evening, October 1st, at the Nurses' Home, Blackwell's Island.



CLASS OF 1913, ST. JOSEPH'S HOSPITAL, LANCASTER, PA.



CLASS OF 1913, STATE HOSPITAL, GOWANDA, N. Y.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OF POLICY OF THIS MAGAZINE

Connecticut

The regular monthly meeting of Connecticut Training School Alumnae Association was held at 3 P.M. September 4 at the Nurses' Home, with the president in the chair and other officers present. Routine business followed, new members were admitted, collections taken toward a pledge of \$10 for National Relief Fund. Also, calendars for same fund will be for sale after October 1 and Miss Marcella Heavren, 576 Chapel Street, will have charge of New Haven territory. A quiet "tea" is planned for October meeting and at the following meeting in November a larger affair and reception will be held for the new superintendent of training-school. An excellent report was read by the senior delegate, Mrs. M. J. C. Smith, on the National Convention at Atlantic City last June, and it is hoped that a branch of the National Red Cross will be soon located here, thereby allowing it to be known who may respond to calls of accidents of great distress.



Pennsylvania

The eleventh annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held in Philadelphia Pa. the second week of November 1913.

The exact date and the place in which the meeting will be held will be given in a later notice.

It is to be hoped that the nurses will show their interest by attending the meetings in goodly numbers.

The sixth annual session of the National Association of Colored Graduate Nurses was held at Philadelphia Pa., September 4, 5, 6, at St. Peter Clavier's Hall.

The program was varied with addresses, instruction, business and receptions given to the delegates by the various city associations. Miss M. F. Clarke, president, Richmond, Va., gave the opening address.

Among the many interesting features were the following: A tribute to the work of the colored

nurses of the country by Dr. N. F. Mossell, director of the Douglas Hospital. Nursing as a Profession in America, Miss Elizabeth Miller. "The Many-Sided Life of a Nurse," by Miss Emily Gibson, of Thomasville, Ga. An address by Dr. Stephen J. Lewis, of Harrisburg, Pa. The officers elected are: President, Mrs. Rosa L. Williams, New York; first vice-president, Miss L. J. Mitchell, Norfolk, Va.; second vice-president, Miss S. E. Christie, New York; recording secretary, Miss M. A. Thomas, Washington, D. C.; corresponding secretary, Mrs. C. Sharp Morgan, Richmond, Va.; treasurer, Mrs. N. L. Kemp. There were many delightful social features during the convention.

The Alumnae of the Mt. Pleasant Memorial Hospital, Mt. Pleasant, Westmoreland Co., Pa., met and organized an association May 26, 1913.

The following officers were elected: President, Miss Florence Couch; first vice-president, Mrs. Cora McElwee Bowman; second vice-president, Miss Pearl Thom; secretary, Mrs. Beatrice Walker Rumbaugh; treasurer, Mrs. Mary Jordan Albright.



West Virginia

The annual meeting of the West Virginia Graduate Nurses' Association, was held at Huntington, September 2 and 3, with headquarters at the Frederick Hotel. A conference of the superintendents of training schools formed part of the convention. We hope to have a full report in the next issue of THE TRAINED NURSE.



Virginia

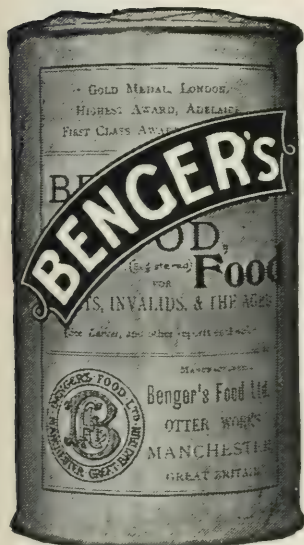
NURSE EXAMINING BOARD QUESTIONS

MEDICAL NURSING—URINALYSIS; MATERIA MEDICA

1. For what purpose is a bath given? Why is a cleansing bath important? 2. What is tuberculosis? What are some of the early, usual symptoms of incipient tuberculosis? What per cent. of moderately advanced cases die? 3. What would you do if your patient had severe

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Fall Classes open Sept. 23 and Nov. 19, 1913

Winter Classes open Jan. 7 and Mar. 18, 1914

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutical Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania).

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College).

B. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz } Penn. Orth. Institute.
Edith W. Knight, Elizabeth Jamison }

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MAX J. WALTER, M. D., Superintendent

pulmonary hemorrhage? And what is considered the best after treatment in such a case, as to diet, drugs and so forth? 4. How is the disease communicated, and what course must be pursued if it is ever to be wiped out? 5. What precautions would you consider adequate for a nurse to use for the safety of the family and herself in caring for a case of tuberculosis? 6. What causes typhoid fever? Outline care of patient. What would you do in case of hemorrhage? 7. Define the following terms—lysis, crisis, immunity, inunction. 8. How would you administer a hot pack? 9. In what different ways may medicine be introduced into the body? By which method would you obtain the quickest action? 10. What would you do for a case of opium poisoning? Bichloride poisoning? 11. How would you prepare normal salt solution? In what way may it be administered? 12. What are diaphoretics? Anodynes? Diuretics? Astringents? Two examples of each. 13. When strychnia is being taken regularly what symptoms should be reported? 13. What is meant by specific gravity? What is the normal specific gravity of urine? 15. Define retention; suppression; incontinence.



Illinois

THE NEW ILLINOIS BILL FOR STATE REGISTRATION reads as follows:

SECTION 1. ILLINOIS STATE BOARD OF NURSE EXAMINERS—QUALIFICATIONS, TERM OF OFFICE, VACANCY ON BOARD, OATH OF OFFICE.—*Be It Enacted by the People of the State of Illinois, Represented in the General Assembly:* That a board of examiners to consist of five (5) registered nurses, to be known as the Illinois State Board of Nurse Examiners is hereby created, whose duty it shall be to carry out the provisions of this Act as hereinafter specified. The members of the said board shall within thirty days after this Act shall be in force and effect be appointed by the Governor, by and with the advice and consent of the Senate, and at the time of their appointment they must be actual residents of the State of Illinois. They shall be selected from persons engaged in active work appertaining to nursing of the sick, who shall have been graduated for at least a period of five (5) years from a school for nurses in good standing, and who, during their course of training, shall have served for two years in a general hospital, and who shall have been registered under the provisions of either this Act or the Act herein repealed. Three members of the board shall be selected from nurses who have had at least two (2) years' experience in educational work among nurses. The term for which the members of said board shall hold office shall be three (3) years and until their successors are duly appointed: *Provided, however,* that the terms of the several members composing the first board named under this Act, as designated by the Government, shall expire as follows: One thereof on December 31, 1914, two thereof on December 31, 1915, and two thereof on December 31, 1916. In case of a vacancy occurring on said board, such vacancy shall be filled by the Governor as herein provided, within thirty days after being notified

of any such vacancy, and the member so appointed by the Governor to fill a vacancy shall serve for the unexpired portion of the term so vacated. When the Senate is not in session the Governor may make appointments to fill vacancies, but all such appointments so made, when the Senate is not in session, shall be subject to confirmation by the Senate at its next session, before becoming permanent. Each member, before entering upon the duties of the office, shall take the oath prescribed by the Constitution of this State for State officers. Said oath shall be filed in the office of the Secretary of State.

SEC. 2. OFFICES—DUTIES, COURSE OF INSTRUCTION, INSPECTION OF SCHOOLS. SEAL, REGISTER OF NURSES, PROSECUTIONS, EXPENSES, COMPENSATION—The members of the board shall, as soon as organized, and annually thereafter, elect from their number a president, secretary and treasurer. The secretary may also serve as treasurer. The board shall adopt rules not inconsistent with the law, to govern its proceedings; the board may also outline and establish a course of instruction to be followed by accredited schools for nurses, as hereinafter provided, and a system of inspection of such accredited schools for nurses; and the board may amend or repeal such rules in its discretion. The board shall adopt a seal, and the secretary shall have the care and custody thereof. The secretary shall keep a record of all proceedings of the board, including a register of the names and addresses of all nurses duly registered under this Act, which register shall be open at all reasonable times to public scrutiny at the office of the board, the address of which office shall at all times be kept on file at the office of the Secretary of State. The board shall cause the prosecution of all persons violating any of the provisions of this Act, and to the provisions of any law regulating the expenditures of the board, may incur necessary expenses in that behalf. The secretary of the board shall receive a salary to be fixed by the board not in excess of the amount now hereinafter authorized by law; each member of the board shall receive compensation at the rate of ten dollars (\$10.00) per day for each day, or a proportionate part thereof for a fraction of a working day of eight hours, during which said member is actually engaged in attendance upon the meetings of the board, or is otherwise engaged in the discharge of duty as a member thereof, and in going to, going and coming from the place of meeting, or the discharge of such duty. All legitimate and necessary expenses incurred in attending such meetings and all other necessary and legitimate expenses of said board shall be defrayed by the board, subject, however, to the provisions of any law now or hereafter regulating such expenditures.

SEC. 3. QUORUM—RULES FOR EXAMINATION, COURSE OF INSTRUCTION, INSPECTION OF SCHOOLS FOR NURSES, LIST OF ACCREDITED SCHOOLS FOR NURSES, CERTIFICATE AND PUBLICATION OF MODIFICATION OF RULES.—Three (3) members of the board shall constitute a quorum. Special meetings of the board shall be called by the secretary upon written request of any two (2) members. The board shall, from time to time, adopt rules governing the examination of appli-

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cants for registration not inconsistent with the provisions of the law, and shall adopt rules providing for and establishing a uniform and reasonable standard of maintenance, instruction and training to be observed by all schools for nurses which are on, or whose application is pending to be placed on, the list of accredited schools for nurses hereinafter provided for, and also for the inspection by said board of such schools for nurses. By reference to the compliance or non-compliance by schools for nurses with such rules, and the general standard of efficiency or inefficiency of management and instruction maintained by the same, the said board shall, by conducting inspections in accordance with its rules, determine the eligibility of and designate the schools for nurses, to be placed on or to be withdrawn from, a list which shall be known as the list of accredited schools for nurses, which list shall at all times be kept on file in the office of the secretary of said board, where it shall be open to the scrutiny of the public at all reasonable hours, and a copy thereof shall be kept on file at the office of the Secretary of State. Said board may from time to time modify, amend and repeal said rules, providing no modification of the rules governing examinations of candidates for registration shall be made and become effective during the six weeks next preceding the date set for holding any examination herein provided for. The board shall, immediately upon the election of an officer, file with the Secretary of State a certificate thereof, giving the name and address of said officer, and immediately upon the adoption, amendment or repeal of a rule, the board shall file with the Secretary of State a certificate thereof, setting forth a copy of the rule as adopted, amended or repealed, and shall also cause a copy of such certificate to be published in the earliest issue practicable, at least one (1) journal devoted to the interest of professional nursing, and mail a copy of said certificate to every accredited school for nurses in Illinois.

SEC. 4. MEETINGS OF BOARD, NOTICE IN PUBLIC PRESS, EXAMINATION OF APPLICANTS, ISSUANCE OF CERTIFICATES, REGISTRATION IN COUNTY CLERK'S OFFICE, REVOCATION OF CERTIFICATE FOR FAILURE TO REGISTER.—It shall be the duty of the board to meet for the purpose of holding examinations not less frequently than twice a year, at times and places to be determined by said board. Notices stating the time and place for the holding of such meetings shall be published in at least one newspaper of general circulation in each of the cities of Chicago and Springfield, and also in at least one (1) journal devoted to the interests of professional nursing, at least thirty days and not more than sixty days, before the date set for holding the meeting; such written notice of said examinations shall also be sent by mail to every person whose application for examination has been proved and is on file, and also to every accredited school for nurses in Illinois, at least thirty (30) days prior to the meeting. At such meetings it shall be the duty of the board to examine all applicants for registration who present themselves in accordance with the terms of this Act, and shall issue a certificate for registration to each applicant who

passes the prescribed examination to the satisfaction of the board. Each person to whom such certificate shall be issued, or any renewal thereof as hereinafter provided, shall, within ninety (90) days thereafter cause the same to be presented at the office of the county clerk of the county in which such person resided at the time of filing the application and cause said certificate or any renewal thereof to be registered. The county clerk shall charge twenty-five (25) cents for registering such certificate. Failure or refusal on the part of any person obtaining a certificate for registration as a nurse, or any renewal thereof, to register the same with the county clerk of the county in which said person resided at the time of application, within ninety (90) days from the issue of the same, shall work a revocation of said certificate: *Provided, however,* that a certificate revoked for failure or refusal of its holder to register the same may be restored upon application to the board and the payment of a fee of two dollars for the issuance of a new certificate. Each person so registered as a nurse shall be prepared, when requested in connection with work as a nurse, to exhibit such certificate of registration or a certified copy thereof.

SEC. 5. CERTIFICATES—All certificates issued to nurses by the board shall contain the name and address of the person to whom it is granted, the date of its issuance, shall bear the seal of the board, shall be signed by all of the members, shall be attested by the president and secretary of the board, and shall confer authority upon the person to whom it is issued to practice as a registered nurse in accordance with the provisions of this Act.

SEC. 6. COUNTY CLERK TO KEEP REGISTRATION BOOK—Every county clerk shall keep in a book provided for the purpose, a complete list of all the certificates registered by him under the provisions of this Act, together with the date of the issuance and registration of such certificates, and within sixty days after this Act becomes effective, shall prepare in duplicate, accompanied by his official certificate that it is complete, a list of the names and addresses as the same appear of record in his office, with the date of registration, of all nurses registered in his county under any previous Act, prior to July 1, 1913, and annually thereafter, before the first day of March, shall prepare in duplicate in like manner, a list of all names registered under this Act during the preceding calendar year, and forward said list in duplicate to the Secretary of State, who shall keep one copy thereof on file in his office, and, after certifying the other to be a true copy of a part of the records of his office, shall forward the same to the secretary of the Illinois State Board of Nurse Examiners, to be kept on file in the office of said board.

SEC. 7. QUALIFICATIONS OF APPLICANTS FOR REGISTRATION, WRITTEN APPLICATION, FEE, EXAMINATIONS, REGISTRATION OR CERTIFICATES OF OTHER STATES.—No person, unless previously registered or licensed to act as a registered nurse in this State at the time this Act shall become operative, shall be allowed to act as a registered nurse without first applying for and obtaining a



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certificate for such purpose from the Illinois State Board of Nurse Examiners. Application shall be made to said board in writing and shall in every instance be accompanied by the examination fee of \$10.00, together with satisfactory proof that the applicant is residing in the State of Illinois, is of good moral character, is at least twenty-two (22) years of age at the time of making the application, is a graduate of and has a diploma from an accredited school for nurses connected with a general hospital requiring a systematic course of at least three (3) years' training, and possesses such other qualifications as may be prescribed from time to time by the rules of said board: *Provided, however*, an application may be made by one who under the rules of an accredited school for nurses will be entitled to receive a diploma within three months following the date of filing said application, but no certificate shall be issued to such applicant until he or she has received such diploma, and has satisfactorily passed the prescribed examinations. When such application and the accompanying proof are found satisfactory, the board shall notify the applicant to appear before it for examination at a time and place to be fixed by the board. Examination may be made orally and in writing, and shall be of a character to test the qualifications of the applicant to serve as a registered nurse. All examinations provided for in this Act shall be conducted by the board, which shall provide for a fair and wholly impartial method. After any applicant shall have paid a fee of \$10.00 on the filing of an application for examination, any subsequent application of the same person shall be taken without the payment of a fee: *Provided, however*, the board upon written application and upon the payment of \$10.00 as a registration fee, may issue a certificate without examination of the applicant who shall have been registered as a registered nurse under the law of another State having requirements which, in the opinion of a majority of the members of said board, subject to the approval of the Attorney General, are of equal or higher standard than those of the State of Illinois for registration of nurses.

SEC. 8. WHEN SPECIAL COURSE SUFFICIENT FOR REGISTRATION.—Applicants shall also be eligible for examination for registration who at the time of application shall have graduated and received a diploma from a school for nurses connected with any hospital of good standing requiring a systematic course of at least two (2) years' training, and who being of the age herein prescribed or over and of good moral character, shall have either filed application for examination within six (6) months following the date upon which this Act becomes in force and effect, or at the time of application shall have obtained in any hospital of good standing one (1) year's additional training in subjects not adequately taught in the school for nurses from which they graduated, and shall satisfactorily pass an examination to determine their fitness and ability to give efficient care to the sick.

SEC. 9. UNLAWFUL TO PRACTICE AS REGISTERED NURSE WITHOUT CERTIFICATE.—It shall be unlawful hereafter for any person to practice or attempt to practice in this State as a registered

nurse without a certificate from the board. Any person who has received such a certificate shall be styled and known as a registered nurse, and shall be entitled to append the letters "R.N." to his or her name. No person shall assume or use, or knowingly allow or permit any other person to use, such abbreviation "R.N." or any other words, letters or figures after his own name or after the name of any other person, for the purpose of indicating that such person is a registered nurse, unless the person after whose name the said letters, abbreviations or words are so used is in fact a registered nurse and entitled under the provision of this Act to act as such.

SEC. 10. PENALTY.—Any person who shall practice or in any way represent himself or herself, or any other person, as a registered nurse in this State, without such person holding a certificate duly registered and recorded as provided by this Act, or who shall violate any of the provisions of this Act, shall be subject to prosecution in any court of competent jurisdiction upon complaint, information or indictment, and shall, upon conviction, be fined for each offence in any sum not more than \$100.00 for the first offence nor more than \$200.00 for each subsequent offence.

Any person who shall wilfully make any false representations to the board in applying for a certificate, shall be guilty of a misdemeanor, and upon conviction shall be fined in a sum not more than \$200.00.

SEC. 11. REVOCATION OF CERTIFICATE, RENEWAL.—Registered nurses' certificates issued in accordance with the provisions of this Act shall remain in full force until revoked for cause, as hereinafter provided. Any certificate so granted may be revoked by unanimous vote of the Illinois State Board of Nurse Examiners for gross incompetency or recklessness in the discharge of duty as a registered nurse, or for dishonest practices on the part of the holder thereof; but before any certificate shall be revoked such holder shall be entitled to at least thirty (30) days' notice in writing of the charge against him or her, together with notice of the time and place of the meeting of the board for the hearing and determining of such charge, and shall be entitled to a full, fair and impartial hearing of such charges under rules to be adopted from time to time by the said board. On the cancellation of such certificate it shall be the duty of the secretary of the board to give notice of such cancellation to the county clerk of the county in which the certificate has been registered, whereupon said county clerk shall note such cancellation on the registration book in his office. Upon satisfactory evidence of reasons for the reinstatement of a registered nurse whose certificate has been thus revoked, the board may, six months after the date of such revocation, or any time thereafter, issue a new certificate to the said nurse without examination, upon payment to the board of a fee of \$5.00.

SEC. 12. APPEAL TO CIRCUIT COURT FROM CERTAIN RULINGS OF BOARD.—Any person whose certificate as a registered nurse shall be revoked, or to whom a renewal of such certificate previously issued shall be denied, or any training school for nurses whose application to be placed upon the

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accredited training schools for nurses shall be denied, or whose name is stricken from such list, by ruling of the board, without the consent of such training school, may, within thirty (30) days after such action of the board, file in the circuit court of the county in which such nurse resides, or in which such training school for nurses is located, a petition against the Illinois State Board of Nurse Examiners, officially, as defendant, alleging therein under oath, and in brief detail the petitioner's qualifications for and the rights to the privileges denied such petitioner by the ruling of the board, and praying for a reversal of such ruling, upon entry of appearance by, or service of summons upon said board as hereinafter provided for, the board shall file an answer in actions on chancery, but not under oath, in which it shall allege by way of defence, the grounds previously held by it as responsible for its advance ruling against such nurse or training school. All allegations of the answer shall be deemed to stand denied without further pleading, and upon application of either party thereto the cause shall be advanced and heard without delay.

Either party to such proceeding shall have the right to a trial by jury: *Provided* a demand therefor be made in writing in the first instance upon the filing of the petition or answer, but either party may thereafterwaive such demand for a jury trial. The burden shall rest upon the petitioner to disprove the grounds assigned and specified for the official action of the board complained of. The court's decision shall be final, but if adverse to the petitioner, it shall not bar a new application to the board for a renewal of a revoked certificate for registration under the provision of this Act, nor after the lapse of six (6) months from its rendition in the case of training schools, shall it bar a new application of the petitioner to be placed on the list of accredited schools nor shall a decision of the court in favor of the petitioner prevent the board from thereafter taking similar adverse action against the petitioner for sufficient cause which may thereafter accrue or be discovered.

For the purpose of affording the right of such appeals, in any actions instituted hereunder, service of process may be had on said board by serving a summons upon the president, secretary or any member of said board in the county in which the office of the board is located or in any county of the State where any one of said persons may be found for which purpose of service process may issue directed to any county in the State, as in the case of summons issued against parties defendant residing in foreign counties.

SEC. 13. EXEMPTION FROM JURY SERVICE.—All registered nurses in this State shall be exempt from service as jurors in any of the courts of this State.

SEC. 14. TO WHOM DOES NOT APPLY—This Act shall not affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire, who does not in any way assume or pretend to be a registered nurse; and this Act shall not interfere in any manner with members of religious communities who have charge of hospitals, who are engaged in nursing in hospitals, or take care

of the sick in their own homes: *Provided* such members do not in any way assume to be registered nurses.

SEC. 15. REPEAL OF ACT OF MAY 2, 1907. BOARD TO SUCCEED TO OBLIGATIONS, FUNDS AND BUSINESS OF STATE BOARD OF EXAMINERS OF REGISTERED NURSES.—An Act relating to nurses and providing for their registration, approved May 2, 1907, in force July 1, 1907, is hereby repealed: *Provided, however*, that all applications filed with the State Board of Examiners of Registered Nurses under the provisions of said Act shall be recognized by the Illinois State Board of Nurse Examiners created hereunder, and shall be treated as though filed under the provisions of this Act; also that said new board created hereunder shall, upon organizing, succeed to and be chargeable with any outstanding financial obligations or indebtedness of said Board of Examiners of Registered Nurses created under said Act hereby repealed, and, in like manner, shall succeed to, collect, take over, receive and account for all moneys, credits or appropriations due or hereafter to come due, or which may be in the hands of said old board at the time of the organization of the new board hereby created, and shall receive, account for and handle any moneys so collected or taken over, as well as all other funds hereafter coming into its hands, in the manner now or hereafter provided for by law, and shall also take over the records and equipment of the State Board of Examiners of Registered Nurses and its unfinished business.



Missouri

The Alumnae of Lutheran Hospital Nurses, St. Louis, held its regular monthly meeting August 7. A discussion in regard to forming a library for the benefit of the Alumnae was followed by a social hour.

Miss Louise Lindeman, Class of 1902 of the Lutheran Hospital, who has been doing institutional and private nursing in New York for the past nine years, has accepted the position as superintendent of nurses at the Lutheran Hospital.



Kansas

The Kansas State Board of Examination and Registration of Nurses, met at Topeka, July 1, with all members present, but Miss Woodburn, who was too ill to attend. Over eight hundred nurses applied for registration, and six hundred and fifty-eight were registered. The next examination will be held at Wichita, December 29 to 31, 1913. The members of the board are Dr. H. A. Dykes, president; Mrs. A. R. O'Keefe, R.N., secretary-treasurer; Miss Elizabeth J. Eason, R.N., Miss Mayme M. Conklin, R.N., and Miss I. M. Woodburn, R.N.

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Montana

The first annual convention of the Montana State Association of Nurses was held at Butte July 21, 22, 23. A most interesting program was arranged by the Silver Bow Association of Nurses and well carried out.

The convention was called to order Monday 2 P.M., Miss Lucy A. Marshall, Missoula, presiding, and giving a most instructing opening talk on "Organization and Registration." Addresses were given by prominent medical men: Dr. T. C. Witherspoon, chief surgeon at Murray Hospital, "Organization." Dr. I. D. Freund, St. James Hospital, "Pioneer Nurses and the Progress of Nursing in Silver Bow County." Dr. P. H. McCarthy, St. James Hospital, "Tuberculosis." Dr. J. R. E. Seivers, St. James Hospital, "Sepsis and the Trained Nurse."

Papers, enjoyable and instructive, were read by Miss Hannah Ström, Butte, "The Registered Nurse." Mrs. Helena E. Curtis, Butte, "The Nurse." Miss Ellen Magee, Billings, "The Nurse, Theoretical and Practical." Miss Clara Brunelle, Missoula, "Nursing: Its Present and Future Possibilities." Miss Ruby Bohart, Bozeman, "How a Nurse May Use Her Waiting Hours." Miss McCraney, Helena.

Much business was transacted during the sessions.

It was voted to have the Association hereafter known as the "Montana State Association of Graduate and Registered Nurses."

Miss Magee, of Billings, in behalf of Yellowstone County Association, invited the convention to hold their next meeting in Billings, 1914, and the invitation was accepted.

The social part of the program was delightfully carried out. Dr. Murray and the staff at the Murray Hospital tendered a reception to the nurses Monday evening. A delicious buffet supper was served and the time spent most enjoyably.

Tuesday evening the Sisters of Charity of St. James Hospital gave an auto trip about the city, after which hot coffee and sandwiches were served. Music and dancing followed.

Wednesday afternoon Mr. Wharton, of the Butte Street Railway Company, gave a trip in the "Seeing Butte Observation Car," which ended at the celebrated gardens, where the nurses of Silver Bow Association served supper out-doors. The management of the Gardens opened all the amusements free, after which good-bys were said. The Convention adjourned, each and every member parting reluctantly, voting the first meeting a most successful gathering.

The officers of the Association are: President,

Miss Gertrude F. Sloane, Missoula; recording secretary, Mrs. May Boyle, Butte; corresponding secretary, Mrs. Helen Curtis, Butte; treasurer, Miss M. C. Platt, Helena.



Personal

Miss Agnes M. Southwick, R.N., will return to New York City in October, having spent the summer in attendance on Mr. Frank Seely, at his summer home in the mountains at West Park, Ulster Co., N. Y. She will be obliged to remain with her patient for the winter at his town residence.

Miss Jane M. Pindell has been appointed superintendent of nurses, University Hospital, Ann Arbor, Mich., and entered upon her duties September 1.

Miss R. L. Stewart has resigned her position as superintendent of nurses of the General Hospital, Toronto, Can.

Miss Mary Hamer, Zanesville, Ohio, graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., has been placed in charge of the Zander Department at Hot Springs, Va.

Miss Kathleen McGarry, graduate of the Reynolds Memorial Hospital, Glendale, W. Va., and Dr. Venning's Sanitarium, Charleston, W. Va., also of the Pennsylvania Orthopedic Institute, Philadelphia, has been placed in charge of the mechanical department of the Cherokee State Hospital, Cherokee, Iowa.

Miss Marion A. Mighton, graduate of the Painesville Hospital, Painesville, Ohio also a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., has resigned her position with the Cherokee State Hospital, Cherokee, Iowa, to take charge of the mechanical department of the Orlanda Sanitarium, Orlanda, Fla.

Miss Claudia B. Hill, graduate of the Pennsylvania Orthopedic Institute, Philadelphia, has been placed in charge of the Massage Clinic of the Nervous Dispensary of the Polyclinic Hospital, Philadelphia.

Miss Hallie C. Cord, R.N., Needles, Cal., resigned her position with the Good Samaritan Hospital, Los Angeles, Cal., to assume charge of the mechanical department of the Sewickley Valley Hospital, Sewickley Pa. Miss Cord is a graduate of the Pennsylvania Orthopedic Insti-

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tute, Philadelphia, Philadelphia Lying-In Charity Hospital, and was formerly connected with the Fenwick Sanitarium, Abbeville, La.

Miss Katherine Lindenberg, a graduate of the Woman's Hospital, of Buffalo, N. Y., has accepted a position at the J. N. Adam Hospital, Perryssberg, N. Y.

Misses Sarah R. Cummer, Florence Wood and Marian Japes, graduates of the Homeopathic Hospital, Buffalo, N. Y., have returned from a three months' tour of England and the Continent, and report a delightful trip.

Miss Jean Stoddard, a trained nurse of New York City, was one of those seriously injured in the New Haven Railroad wreck.

Miss Lillian Hanford, who for the past four years has occupied the position of matron at the North Adams, Mass., Hospital, has tendered her resignation to the Board of Managers, in order that she may take a much-needed rest.



Marriages

On August 29, 1913, at Hackensack, N. J., Miss Madeline C. Fox, graduate of the Hackensack Hospital Training School for Nurses, Class of 1907, to Mr. Hubert E. Brower.

On July 30, 1913, at St. Peter's Cathedral, Scranton, Pa., Edith Mary Gallagher, graduate of Pittston Hospital Training School for Nurses, Pittston, Pa., Class of 1909, to James Joseph McFadden, Pittston, Pa. Mr. and Mrs. McFadden will reside in Duryea, Pa.

On August 7, 1913, Helen Bochmer, Class 1910 of Lutheran Hospital Training School for Nurses, St. Louis, Mo., to Rev. Henry Scheperle. Rev. and Mrs. Scheperle will live in Champion, Neb.

On September 6, 1913, at New York City, Miss Margaret O'Dowd, of the City Hospital Training School, to Dr. Albert R. Detwiler.

On September 1, 1913, at Bellevue, Iowa, Miss Clara Herkes, graduate of Mercy Hospital Training School, Dubuque, to Mr. J. J. O'Rourke.

On August 27, 1913, at San Francisco, Miss Elinore McDonald to Dr. Joseph Benjamin Blackshaw. Dr. and Mrs. Blackshaw will make their home at Sebastopol, Cal.

On September 1, 1913, at Philadelphia, Pa., Miss Anna Elmira Barrett, for the past eight years, superintendent of Howard Hospital, Philadelphia, to Dr. Edward Stanley Cooke.

On July 18, 1913, at Philadelphia, Pa., by the Rev. Mr. Arthur, Miss Sara K. Daniels, a graduate of the Reading, Pa., Hospital Training School, to Mr. John E. Arthur, 3d.

On July 21, 1913, at Needham, Mass., Miss Constance M. Mathey to Dr. Frank Linden Richardson.

On August 26, at Pottstown, Pa., Miss Emma Miller, graduate of Pottstown Hospital Training School, to Mr. Rollen Schaughency.

In August, 1913, at Denver, Colo., Miss Ethel Roberts, graduate of McKinley Hospital Training School for Nurses, Trenton, N. J., Class of 1912, to Mr. David Morris, of Vancouver, B. C.

On September 4, 1913, at Rutland, Vt., Miss Julia Sybil Miner, to Mr. William Crosby Blake, of Syracuse, N. Y.

On September 3, 1913, at the home of her sister, Oakland, Me., Miss Esther Skillings, of Attleboro, Mass., to Mr. Charles F. Stone, of Attleboro, Mass.



Deaths

In a vain effort to save the life of Miss Ada Feingold, a patient in the New England Sanitarium at Stoneham, Mass., Miss Hazel Crummell, a nurse at the institution, lost her life on the afternoon of September 7, by drowning.

Miss Ella Comfort, a member of one of the first classes of nurses to graduate from the Charity Hospital, New Orleans, La., died June 6, 1913. She was one of the founders of the State Nurses' Association.

On July 16, 1913, at the Memorial Hospital, Orange, N. J., Evelyn S. Hunt. Miss Hunt's death followed an operation. She was born in Camden, Me., and was a graduate of Roosevelt Hospital, New York City.

On June 28, 1913, at Norwich, Conn., Beatrice V. Edmonson. Death was due to Bright's disease.

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The Biography, which will be given to every purchaser of one of these cribs, is beautifully illustrated in colors by a celebrated magazine illustrator, and painter of baby pictures. It contains illustrated pages, where a complete record of baby's birth, weight, diet, teeth and general health may be kept, as well as a record of the interesting events in the baby's early life, such as first Christmas, first birthday, the christening, first outing, etc. The book is bound in cloth and the cover is illumined in gold and colors.



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Believing that conditions for light, fresh air and the comfort of employees are desirable, not only from a hygienic but from a business standpoint, the Randall-Faichney Company have made every effort to have their new building conform in all respects to the latest and best ideas along such lines. The equipment includes automatic sprinkling system for fire protection, electric elevator, fireproof vaults and inter-communicating telephone system; lunch room for men, retiring room for women, ample wash rooms and a private locker for each employee. The building is plentifully equipped with windows, so that every floor is flooded with light; the latest sanitary appliances will be installed and the employees will work under ideal conditions.



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The award of the grand prize to Sanatogen at the scientific exhibit held under the auspices of the International Congress of Medicine in London, England, will recall to nurses the very remarkable series of testimony to this well-known food tonic, of which this act of scientific homage forms the fitting climax.

This formula combination of 95 per cent. of pure, specially prepared albumen and 5 per cent. of easily assimilable organic phosphorus, as nurses skilled in dietetics are aware, is what renders Sanatogen of such great and immediate value in all functional nervous disorders, as well as in anemia, chlorosis, the wants of expectant and nursing mothers, surgical and convalescent patients, etc., its method of preparation being simplicity itself, its absorbability rapid, and its waste material negligible.

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During the year the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course average over ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

Instruction, both theoretical and practical; is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately. Lectures by Dr. H. P. Boyer.

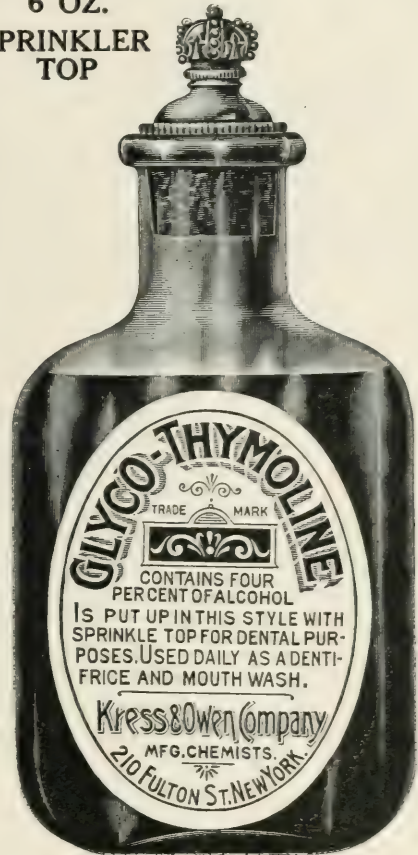
This course lasts four months, and the fee is \$25.

Examinations both practical and theoretical are required at the end of both courses.

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The Up-to-Date Nurse

The busy nurse has little time to devote to personal needs; she must have clothes, however, and must obtain them with as little delay and annoyance as possible. As far as her uniforms are concerned the up-to-date nurse nowadays buys the well-known "Dix-Make" brand; she gets them at the leading store in almost any city, and not alone does she save time, money and trouble, but she gets a smart-looking man-tailored uniform, splendidly made and finished with greatest possible care.

The up-to-date nurse no longer bothers with having uniforms "made to order." She has learned how unsatisfactory they usually were, and what exorbitant prices she had paid for them, and how annoying it was to wait so long for them.

The up-to-date nurse has discovered that "Dix-Make" uniforms have all inside seams taped, all the little details properly made; that they are cut upon scientific lines and can be had ready for wear in all sizes, and in nearly every section of the country.

Good stores sell "Dix-Make" uniforms. Wise, well-dressed nurses wear them, because they are the best uniforms made.



The Sellar Hypodermic Syringe

The Sellar Hypodermic Syringe manufactured by the Monnier Company, 157 Federal Street, Boston, Mass., speaks for itself in the circular in regard to same, which will be sent on application. It is

Easy to clean out and keep clean.

No leakage, no clogging of needle by expansion or growing old of washer.

Washer does not come in direct contact with solutions used.

The interior of needle can be kept clean, because no washer is inserted therein. The washers are easily removed and get-at-able.

Absolute assurance that your syringe is filled with solution and that no air bubbles remain therein.



School of Medical Gymnastics and Massage

This fall the scope of the school has been considerably enlarged. In the new gymnasium arrangements are made so students can learn the Nauheim or Scott, Fränkel and other methods of treatments. Much stress is placed upon professional ethics, and the students acquire great

tact in the handling of the patients under their particular care, whether at the hospitals or clinics. The director of the school has adopted the family name Friis, an old name under which the family was knighted. When writing for information address Gudrun Friis-Holm, M.D. 61 East 86th Street, New York, N. Y.



A Reference Library

There is no more important equipment for the nurse than an up-to-date reference library. Now is a good time of year to take account of stock, and to add at least one new book to your collection.

G. P. Putnam's Sons, whose advertisement appears in this issue, are offering some of the latest contributions to nursing literature. Send for a catalogue.



Invaluable in Typhoid Fever Cases

If there is any disease that we can emphasize more than another, it certainly is typhoid fever. Take a teaspoonful of Robinson's "Patent" Barley and one pint of cold water, and boil for twenty minutes; mix this with equal parts of cool, fresh cow's milk, and you have an ideal food from the beginning to the end of the fever.



Storm Binder

The modern conception of ptosis no longer regards it as involving any individual organ of the abdomen as a primary pathologic process, but that gastroptosis, enteroptosis, nephroptosis, and the like, are but end-results of a ptosis habit, having its root in the constitutional defects of the patient. Any device, therefore, which aims to correct or to prevent this condition must adapt itself to this broader conception of its character and modus operandi. It is because it has taken cognizance of these things and brought itself into alignment with them, that the Storm Binder has established for itself a unique and enviable reputation among abdominal binders. It conforms, in the most scientific way, to all that is most reliable and intelligent in our knowledge of the anatomy and physiology of ptosis; and while bringing the abdominal viscera into proper position, it does not interfere with the functional activity of either the viscera or the muscles, which is so essential to a natural recuperation of their normal power.—*Clinical Medicine*, August, 1913.

The Nemo Corset "Bridge"

Carries Women to Safety

THE Nemo "bridge" is one of the features that have made the Nemo Corset famous; yet few know what it is, and no one can see it. The accompanying diagram gives an idea of how the "bridge" is constructed, and what it does.

The dotted line (B) indicate the natural outline of the uncorseted figure. The straight line (A) shows a Nemo front steel, slightly curved inward at the lower end, then going straight to the bust-line. The abdomen (C) is repressed and supported. The region of the diaphragm is "bridged," keeping all pressure from the stomach region (B).

As a RESULT, no woman wearing a Nemo Corset, no matter how tightly it is laced, ever feels that dreadful crushing pain over the stomach which makes her rush home to get her corset off.

The following clever reference to the Nemo "bridge" recently appeared in an advertisement of one of the greatest New York stores:

THE NEMO CORSET HAS A "BRIDGE"
—But it is not a Bridge of Sighs—on the contrary, it eliminates *sighs* and *size*, for it permits perfect breathing, and, while giving a straight front, it is so scientifically designed that the abdomen is not in the least crowded.

When you look at the corset, you can't see this bridge which connects health and comfort; but when you put it on, you realize that in the front it is different from any other corset, for there is no pressure against the abdomen.

Undue pressure upon the stomach region is one of the most common corset-faults; also one of the greatest dangers of corset-wearing, as it may cause digestive troubles, headaches, and a host of other ills.

Millions of Nemo wearers *know by experience* that the Nemo is the *most comfortable* corset in the world, but few know *why*. The foregoing gives one of the reasons.

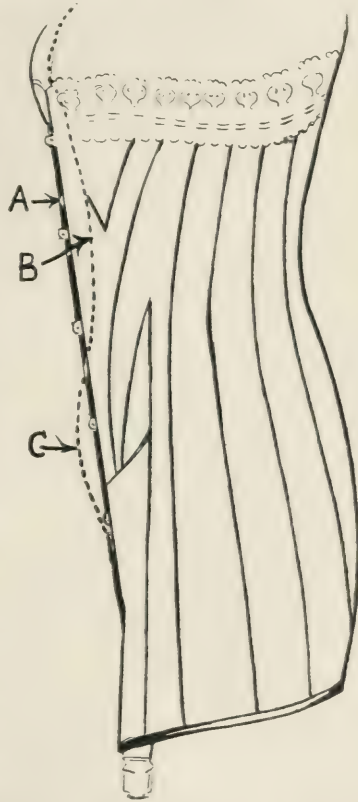
A NEMO FOR EVERY FIGURE

With Lastikops Bandlet	\$5.00
With Lasticurve-Back	3.00
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—and a dozen other models, for very slender to extra-stout figures, all with the Nemo "bridge" and other hygienic features, representing more than a hundred patented inventions. Sold everywhere.

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The result is Formamint Tablets.



The H. W. Johns-Manville Co.

Frink ventilated operating table reflectors are made in stationary form, with adjustable fittings, or with a raising and lowering device. Some are arranged for eight 35-watt J-M Linolite lamps. Special apparatus is supplied when desired.

Scores of hospitals throughout the country are now successfully using this system of illumination. In New York City alone Frink operating reflectors are installed in the Bellevue, Post-

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ELLENSBURG, WASH., Apr. 9, 1912.

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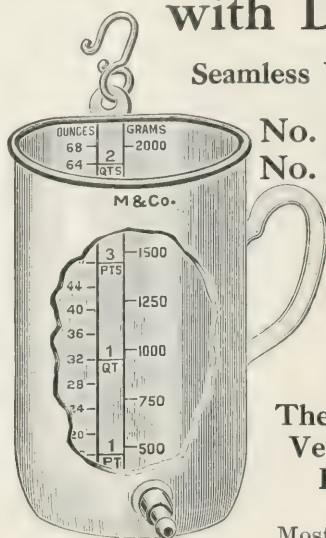
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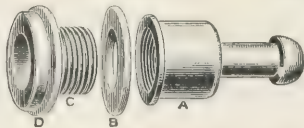


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**The Graduations Make these Irrigators
Very Useful for Proctoclysis or Saline
Injections by the Drop Method**

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This illustration shows the Detachable Spout, each of which is fitted with two rubber washers. The washer D with the screw thread C fits in from the inside of the Irrigator, after which the washer B is put over the screw thread C, and the Spout A screws on to C, thus giving a tight closure.

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**MEINECKE & COMPANY
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The Trained Nurse and Hospital Review

VOL. LI.

NEW YORK, NOVEMBER, 1913

No. 5

The Nurses Duty to Herself*

ANTONIO D. YOUNG, M.D.

Oklahoma City

IN A RECENT issue of a distinguished medical journal, I read a caustic criticism of the customary graduating address to nurses. If a minister is chosen for this service, says this critical editor, he goes in for the Good Samaritan and general moral viewpoint of nursing; if a lawyer, he talks of almost anything rather than the thing of practical value; if a physician, he emphasizes the need of absolute loyalty to the physician.

Well, now, the "Good Samaritan" view of the nurse's profession is a side of it not to be lightly regarded, and never to be gotten away from; and the duty of loyalty to the physician is, perhaps, the primary professional obligation of the nurse. But it is quite likely that these obvious propositions *are* somewhat trite, and that they are somewhat overworked on occasions, such as this, and that our fastidious editor is more or less justified in his strictures. I must assume, and I have full right to assume, that you have been soundly and adequately instructed in the ethical standards of your profession, as well as in its professional requirements. I know that the men and women having your training in charge, have not neglected either the one side or the other; and I am not here

simply to add a bit of cumulative testimony to the volume of their instruction, and the weight of their influence. I hope, rather, to submit some suggestions to you which may be of service to you as women and citizens, as well as members of the choice profession to which you have devoted your lives.

My subject, indeed carries the suggestion of selfishness, but I feel sure you will acquit me of so unworthy an attitude before I have finished. I hold *service* to be the greatest thought and the greatest thing in the world, and surely no profession among men and women is more essentially a profession of service than yours.

But after all, there *is* a certain selfishness—or, I should rather say, a certain looking out for self, which is both justifiable and wise, and at the risk of shocking some sensibilities here, I am going to advise you, first of all, systematically to save from your earnings in the interest of your future freedom, security and independence. The great vexing question of life is, "How much of our powers and possibilities shall we give to material things and how much to things of the spirit?" We might easily answer this question out of hand, thus: The big things of human life are the things of the mind and the spirit, because these are

*Delivered to the graduating class of the El Reno Sanitarium, El Reno, Okla.

unquestionably the greatest endowment of men; therefore, these are the things that should claim the chief energies of our lives, and the world has gone topsy-turvy because these things are held of relatively small account in the sum of its immense activities.

But I beg you to remember that, abating nothing of a true idealism, there are certain concessions to be made to the material.

The first is, that everything rests upon a material basis. The first law of life is to live, and the first law of civilized life is to live decently and comfortably. Everything we call spiritual rests back upon what we call material. Without this material foundation, there can be no art, no culture, no flowering of civilization at all.

And the second concession is that material conquests themselves involve much of the spiritual in men. The ships that plough the seas, the railways that gird the continents, the farms that feed the world, the cities that dot the earth—these are accounted among the material triumphs of civilization; but they are instinct with mind, they throb with spirit, they blaze with imagination. The call of the material world—to its triumphs and achievements—is a splendid and thrilling call.

And the third concession of the material—and the one we are chiefly interested in just now—is this: The ideal life, the full, free, independent, effective life, after which we all aspire, cannot be lived under the constant anxiety about the material necessities of existence. Peace of mind is perhaps the first essential of happiness, and peace of mind cannot exist as long as financial anxiety for the present or the future oppresses the soul. Idealism itself is practically impossible to those who cannot lift their eyes from their daily tasks long enough to take a look at the stars. And so I hold much more firmly than once I did, as I see more and more of the struggle of life, that one of the chief concerns of young people dependent upon their own work, is

faithfully, systematically and continuously to save of their earnings, to the end that the ghost of the “money problem,” so far as it affects them individually, may be laid as early in life as possible, and not disturb the feast without end—that they may be free men and women, and not the slaves of anxiety and apprehension, wearing all their lives the chain and balls.

This suggestion, it seems to me, applies with special force to the members of your profession. Your remuneration is such and the circumstances attending your employment are such that you can save, if you will. Of course there are opportunities for extravagance, but there are not those *invitations* to extravagance which beset the way of so many women who work for themselves. You will be by no means bereft of social pleasures, but you will not be burdened with social obligations.

And I am having in mind not the hoarding of money, little by little, but systematically placing it where it will work for itself and grow and multiply. I am not retained by any savings association to promote its business, but in my opinion the safest and most profitable investment of modest monthly savings is to place them in some accredited association of this kind, where they will work for you night and day, and gather to themselves the maximum of increase with the minimum of risk.

Now, I am sure that you will understand that in all this I am not standing for a parsimonious habit of living, or for sacrificing the proper enjoyment of your leisure; and, most of all, I am not seeking to lead you to look to money as an end, or as the *summum bonum* of your endeavor. I am only asserting that in order to live a full, free and independent life, it is highly desirable, if not absolutely necessary, to put one's self beyond the reach of anxiety concerning the mere material necessities of living. The problem that confronts every man and woman individually is to live

their own lives successfully, happily and valuably. It is pathetic how much mere money has to do with it, but it is useless to ignore the fact or underestimate its significance, and so I commend to you first the prudent provision for your own futures as one of your duties to yourselves.

But while this is fundamental, it is not your greatest duty to yourselves. Having conceded so much to the material side, I return now to the suggestion that the greatest things of life *are* incontestably the things of the mind and the spirit, since these are incontestable, the greatest endowments given to man, and it must be the greatest problem to civilization, as it is the great problem of the individual man and woman, to give to the mind and the spirit their rightful precedence in the affairs and the interests of life—and so the next duty the trained nurse owes to herself is the duty of *growth*.

Now, there is a material side to this, also, inasmuch as the nurse who grows *in her profession*, who grows in skill and quality, increases constantly the demand for her services and the value of them. It is exactly as essential that the nurse should keep up with her profession as that the physician should keep up with his. No other sciences change so rapidly in these modern days as medicine and surgery; and as they change, so changes, in large degree, the attendant profession of nursing. The true physician keeps steady stride with the swift advance of modern medicine, and the true nurse will keep the same pace at his side. If a man enters a college faculty with the degree of Bachelor of Arts, and after fifteen or twenty years has nothing to show but the same degree, he ought to be dismissed from sheer inability or unwillingness to grow. There may be some excuse for one's not growing outside of his profession, but there is no excuse for his not growing inside of it. The nurse who has had such training as you have had, if

her heart is in the work, will grow in every way—in knowledge, in skill, in patience, in sympathy, in personality.

In personality! I pause to emphasize the word. If there is a profession in all the world where personality counts, it is yours. A great college president of our country says that in choosing his faculty he places personality before even professional equipment. If it is so important in a university teacher, how immeasurably more so in the professional nurse. And can one, then grow in personality? Can personality be cultivated? Can it be acquired? Or, is it not a thing God-given? In my opinion, it can be acquired; it can be cultivated; it can be improved. To be sure, there are personalities and personalities. One may be much more fortunate than another in respect to this, as in respect to other endowments. There are some women who are just "born nurses." But it takes no learned psychologist to tell us that we are just creatures of habit. And do you not think that if the young nurse is a little lacking in some of the essentials of good nursing—sympathy, patience, the ability to inspire confidence, do you not think that she can *acquire them*? Do you not think that she can *cultivate* the soft, low voice—that "most excellent thing in woman," as Shakespeare says, and particularly excellent in the nurse, the ready smile, the winning way, the strong sweet influence? Assuredly, *I* think she can—and I think she must.

When I spoke of growth a moment since, as the second duty of the nurse to herself, I did not have so much in mind her professional growth as her personal growth—her growth as a woman—for we are all so prone to be swallowed up in our professions.

And by growth, I mean increase in the capacity for real living. Living is not measured by lapse of time. If one has sat through an aimless day, with folded hands and folded mind, has one *lived* that day? On the other hand, who of you has

not had her golden hours and golden days, and, if she be rarely fortunate, golden weeks, to remember in every detail, because she *lived* in them. Real life is feeling, sensation, emotion; and the greatest of arts is to enrich life with the greatest possible abundance of those feelings, sensations and emotions which are desirable and exalting and which enable us to have *life* and to have it more abundantly. And yet how many there are who, so far from enriching life, deliberately pauperize it, either by vegetating, which is not living, or by choosing the trivial and sordid odds and ends of things, when heaven lies about them in its splendor.

And so you see what I would advise: that we should look to the possibilities of our leisure—the “use of the margin,” as one of our present day philosophers calls it. Fortunate indeed are those who so love their vocations that they find in them un-failing happiness. But unless it be in rarely exceptional cases, life is not lived in the business as fully as it is lived in the margin. The vocation of living is essentially different from the vocation of getting a living; and how truly one lives is very largely determined by one’s use of the margin.

But I think I hear some of you say, “I don’t expect to have any margin, and really the less the better.” Well, let us hope that your professional careers will be as full of professional activities as they ought to be. But let us hope too, that you will have some leisure to grow in. In one’s profession, it is true, one will grow in the acumen and power that pertain to it, but one will hardly grow greatly in imagination, in appreciation, in cultivation, in spirit—those invisible and immeasurable riches to which we should all aspire and the use you make of it, this time that is yours to spend as you please, indicates pretty conclusively what you are sometime going to be. I heard of a woman who said, the other day,

that she had eight hours every day to “kill.” Think of the criminality of it! To her, and to all such I commend Emerson’s scornful poem, in which he represents the days coming to each of us with muffled faces and bearing rich gifts; but they say nothing, and if the gifts are not taken, they turn silently away.

Daughters of time, the hypocritic days,
Muffled and dumb like barefoot dervishes,
And marching singly in an endless file,
Bring diadems and fagots in their hands.
To each they offer gifts, after his will—
Bread, kingdoms, stars and sky that holds
them all.

I, in my pleached garden watched the pomp,
Forgot my morning wishes, hastily
Took a few herbs and apples, and the day
Turned and departed silent. I, too late,
Under her solemn fillet saw the scorn.

What then are some of the uses of the margin which most of us perhaps are prone both to undervalue and to underuse? I wish I had time in the first place—though I should not account it the most important to speak of the enjoyment and the appreciation of nature. I will say this much: that we fail to get from the bounteousness, and beauty of nature what we should get. We are indoor folk too much. We slight too much the glory of the out-of-doors. We take too much for granted the majesty and wonder of the world.

And nature should be sought and loved at home as well as abroad. I pity my youth, that in it I sought nature in her exceptional manifestations. I would see her oceans or her Alps, but I was blind to the charms she spread in immeasurable profusion in sweeping prairies and peaceful valleys and quiet woods that girt me everywhere about. You will find, as you grow older, that the appreciation of these common beauties and intimate endearments of nature unfolds before you with advancing years, and has power indeed to hearten you when the world goes somewhat drearily.

And I wish I had time, too, to speak of the exaltation that comes from the appreciation

of art, and of the cultivating of this appreciation as one of the uses of your leisure. I used the word "exaltation" just now, and I used it with a purpose. The beauty and glory of the arts should not be used as a mere selfish indulgence, but for their refining and exalting power. I do not quite go with the great psychologist, William James, to the conclusion that after one's better depths have been stirred by some great appeal of art—in a concert, for example, or in a play—one should somehow actively express that emotion, as he whimsically puts it, by "speaking genially to one's aunt, or giving up one's seat in a horse car, if nothing more heroic offers." I say, I do not quite go to this conclusion, though if I did, I should not know of any profession where the good act could follow the deep emotion more swiftly than in yours, but it should issue, at least, if not in concrete actions, in a changed attitude, which by and by would change both one's thoughts and one's actions.

But I touch upon these great uses of the leisure lightly, because I wish to speak more fully of the reading of books as the very greatest and best occupation of our leisure.

And for you there are two sides to the reading of books—the educational side and the inspirational side. No thoughtful person speaks any more of "finishing" one's education. Everybody knows that the most important and the most valuable education is that which comes after the graduating time—whatsoever sort of graduation it may be. Real education means "the whole development of character, intelligence, appreciation and power that comes through human living and it is not achieved mainly in the schools." There is immense encouragement in the fact that every well-endowed man or woman, with reasonable fundamental training, may become what we call "liberally educated," by his or her own efforts in the hours of leisure; may become at home and at ease among the great and learned of the world; as for you, your read-

ing must be directed primarily to keeping up with your profession. This you will find rather in professional periodicals than in books, and this duty lies rather in the line of your day's work than in the use of your leisure. I am speaking now of the reading of books outside of your profession, and as a means to culture and mental and spiritual growth. And, I repeat, there are two sorts of books for you to read. De Quincey calls the one kind "Books of knowledge," and the other "books of power." Books of knowledge or of facts are by no means to be ignored; for the sheer intellectual growth that can be snatched from the leisure hours of one's mature years, the immense broadening of one's knowledge and strengthening of one's intellectual forces that come from the downright study of the literature of knowledge are immeasurable. But, after all, this is work, and I do not believe that life will be enriched the most truly just by passing from one grind to another, even though it be a different sort of grind. Every sensible and ambitious person will read in moderation these books of knowledge. But, as one of the uses of our leisure and one of the greatest elements of our growth, I am pleading particularly for the reading of books of *power*, inspirational reading—the best in fiction, in poetry, in the drama, in all sorts of delightful miscellanies. Such books lead directly to that vague but essential thing we call culture. They enrich our lives as nothing else does. They, too, like nature and great art, are mountain heights from which we can look down "with wide perspective and clear vision" upon the troubles and entanglement that so easily beset us. I love the great word "magnanimity." By its derivation it means great-mindedness, and to be broad-minded, to be free from envy and jealousy, to be "big" in one's attitude toward one's fellows—what greater praise can be avouched to men and women? And who can doubt that to be in touch in much of our leisure with the things that

appeal to the best in us, will help us to surmount the petty and to approach, at least, the heights of magnanimity? So much, then, for growth as the nurse's second duty for herself.

And now I do not hesitate to say that the third and last duty which I am going to mention is the greatest of all—I mean, the conception of service. In the beginning I spoke of living successfully, happily and valuably. Valuably! A *valuable* life! In this presence I need not dilate on the supreme value of service. *Of course* a life should be valuable. What are we here for, if not to help a little? If evolution is the law of life, what is the purpose of each human life but to help that process on? The world problem is to be wrought out by men and women, that is certain, and he who, through mere selfishness, withholds his hand or his voice, or his talents, or his possessions, will stare back at the end upon a world in whose advancement he has had no share. Fortunately for you, your very profession, like that of a physician, is a profession of service. In the very process of making a living you are rendering service every day. To alleviate pain, to soothe and mitigate distress, to restore courage, to give quiet and restful companionship, to lead the sick and weary back to health and strength—what choicer field of human ministry than this? And the demand of service is in no way repugnant to the ambition for personal success. Is one eminently successful in his vocation? He is, then, the better prepared for service. Has one achieved wealth? He has, then, in his hands one of the most powerful instruments of service. Has a man won honorable fame? His very position makes him strong for service. Has one achieved intellectual distinction? He is the better fitted to be a servant of the world. Has one broadened one's soul by contact with nature, with books, with art, with friends? He can serve the more abundantly. And so with your profession. Has

the trained nurse achieved unusual success? The greater, then, her ability to serve.

And yet the element of sacrifice is always present in true service. The service that costs no pang, no sacrifice, is of course without virtue and generally without value. You know the story of Sir Launfal—how he learned his lesson of service and how, after he had shared in love and tenderness his crust of bread and cup of water with the leprous beggar to whom he had formerly contemptuously tossed the golden coin, the Master said:

"Not what we give, but what we share,
For the gift without the giver is bare;
Who gives himself, with his alms, feeds three,
Himself, his hungry neighbor—and me."

I do not assume to say at all what amount of service, or what manner of service one should render. I say only that one should have the *attitude* of service. There are many who, in just doing the day's work well are performing their full measure of service, and you are most fortunate in that you are likely to be of this number, because of the very nature of your profession. But I charge you to remember that the thought of service should always come before the thought of compensation. That is true of other professions as well as yours, but it is particularly and profoundly true of the great calling to which you have dedicated your lives.

I do not profess to have set forth all the duties the nurse owes to herself, but if she will make prudent husbandry of her earnings, to the end that she may live her life with freedom and without undue anxiety; if she will devote herself to growth—growth in professional efficiency and growth in broad and cultivated womanhood; and most of all, if she will make service to humanity the master-word of her life, she will not only do her duty by herself, but she will serve her day and generation to the utmost of her powers.

Managing the Small Hospital—The Board of Managers

CHARLOTTE A. AIKENS

WHILE undoubtedly there is more uniformity of method and unanimity of opinion regarding hospital management than ever before, due to the fourteen years of labor of the American Hospital Association, there is yet sufficient diversity to make many a superintendent wish that the board of the small hospital could be persuaded to adopt some of the measures which time and experience have proven to be for the best interests of hospitals in general. For it is usually the smaller hospital which presents the most brilliant examples of *what not to do* in managing a hospital. Time and experience teach much, though it must be admitted that wisdom comes slowly to some boards.

At one of the hospital conventions a medical superintendent remarked with a trace of cynicism in his tone, "Most of the hospitals of this country are in the hands of women boards. That's the reason there is so much mismanagement." It is true that when a hospital board is composed chiefly of women who are inexperienced in managing business of any kind, and who have little or no knowledge of the hospital world in general, the situation is full of pitfalls for the institution and for the superintendent. But it does not follow, by any means, that all *men* on hospital boards are efficient managers, nor that all hospitals managed by boards of men are wisely administered. Efficiency or ability is not restricted to either sex. Inasmuch as the running of a hospital includes a great deal of what may properly be termed "housekeeping for the sick," it is fairly safe to say that in this, as well as the simpler form of housekeeping found in the home, the wisdom of both sexes can be utilized to advance the highest good

of the institution. There is no doubt that important questions concerning finance, investments and large expenditures will be more easily grasped by men who are experienced in handling large business affairs than by the average group of women found on hospital boards. There are other questions involving the comfort of the entire household, questions relating to the domestic side of the institution and to the training school, which will be more quickly grasped by women and more efficiently and economically managed by women. Even where the central government and final authority is entrusted wholly to a board composed of men, it is usually wise to have an auxiliary board of women, to whom can be entrusted the managing of a mass of detail connected with what may be termed hospital housekeeping.

One of the first blunders usually made by the board of a small hospital is the neglect to properly define the duties and responsibilities of committees and officers. There perhaps was a constitution and set of by-laws in the beginning, but somehow they got shelved, and those who did know where they were made no attempt to bring them to light. It would not be hard to find boards of managers of hospitals in which the majority of present members have never seen a copy of the by-laws of the institution they were supposed to be managing.

Two great dangers growing out of this condition may be mentioned: One is the danger of one-man control, which has worked to the detriment of scores of hospitals. Wherever there is found on a board a man or woman of the aggressive, ambitious type, with a desire to dominate the institution, and no by-laws, which might place

restrictions on his power, this condition is liable to develop, and it bodes no good to an institution when one man or one woman gets into actual control. If from the beginning a copy of the by-laws is given to each member of the board of managers and the auxiliary board or committee, and the rules relating to each officer and committee are clearly defined, this difficulty will rarely occur. It need hardly be added that the by-laws should be revised at least annually.

The initial expense of printing the by-laws will often be urged against having it done, but the experience which many hospitals have had where it has been neglected, clearly shows the wisdom of including this item in the general expense. Write to some hospital which has gained a reputation for a wise, business-like administration and secure a copy of the by-laws and rules. Rhode Island Hospital, Buffalo General, Lakeside Hospital (Cleveland), Grace Hospital (Detroit), New York Hospital and a score of other high-grade institutions which might be mentioned, will furnish a set of by-laws which, though more elaborate than a small hospital needs, may be taken as the basis for a set of working rules of guidance. Multigraph copies will serve the purpose until experience has shown the wisdom or unwisdom of each rule that is evolved.

It is often difficult to get a new board to see the necessity of this procedure, but its importance cannot be too strongly insisted upon.

Another danger growing out of the neglect to keep the by-laws in repair and up to date, and every board or committee member supplied with a copy, is that new inexperienced committee members who are not sure either of their duties or limitations, will often put off doing anything, and thus badly handicap the hospital, which has to carry on its work and meet emergencies, whether committees do their work or not.

There is perhaps no one lesson which is harder for a board of women to learn than

the difference between managing and meddling, and it may truthfully be added that there are some men on hospital boards who have not learned the difference between these two words. The failure to learn this lesson has often proved the undoing of a hospital. There are institutions which have been well-nigh wrecked by over-managing, which in many cases has developed into a system of habitual meddling on the part of board members, who have a zeal which is not backed up nor held in check by hospital knowledge.

It is not unusual for a little hospital to start out with more members on the board than there are beds in the institution, and where this happens and (as so often occurs) no by-laws or rules of government exist, there are bound to be clashes between enthusiastic members; some one gets hurt and the little enterprise suffers. One example of this kind out of a considerable number that have come to the knowledge of the writer may be cited. A man of moderate means left to an organization of women sufficient money to build a little hospital of twenty beds. They, of course, accepted the gift gratefully and promptly appointed a board of twenty women to manage it, not one of whom knew the A B C of hospital work. Two of them were wives of doctors, and this fact was taken as a guarantee of a certain degree of hospital knowledge. Neither of the doctors had ever been connected with a hospital, even as interne, but still they were supposed to possess valuable hospital knowledge. The board of ladies promptly elected a medical staff of sixteen, including, of course, the two husbands mentioned. They also appointed an aged preacher as superintendent, a superintendent of nurses, a matron or housekeeper, and an interne. Thus there were in administrative or official positions in connection with that little hospital of twenty beds, forty people to manage and meddle with the frail little enterprise. In the short space of eighteen months the

crash came, and the doors of the hospital were closed. It requires a fairly substantial business enterprise to endure the fussing and meddling of forty people, sixteen of whom have "professional ambitions" and the others social and other kinds of ambitions. Had its death certificate been filled out the following would properly have appeared on it: "Immediate cause of death, overmanagement and petty meddling; predisposing causes, ignorance, ambition for prestige and professional jealousy." When the keen edge had been worn off the disappointment and trouble, the doors were a couple of years later re-opened, by a sadder, wiser and smaller board, and with no medical staff, no interne, no housekeeper, even, to begin with. One woman, an experienced nurse, was placed in charge, with an executive committee of five to appeal to as needs arose, and with them the nurse superintendent patiently worked out the problems. It was managed almost as a private hospital would be managed, the patients choosing their own

physician, who brought as many assistants as he needed. A small group of physicians who were interested in the success of the enterprise volunteered their services to any patients unable to pay. The result was that harmony prevailed, expenses were kept down to the minimum, and the institution grew into favor so rapidly that an addition giving a capacity of sixty beds was erected inside of two years. The same simple, flexible plan of management has been adhered to, and now a splendid, large new building is almost ready for use. The secret of the final success lay in the fact that the board centralized authority and responsibility in one person, and while assisting her in every possible way, allowed her to work out the problems from the inside, and really plan for and lead the enterprise. It might be added, also, that they were fortunate in securing a high-grade woman, whose helpful spirit pervaded the entire corps of workers. The plan may not be ideal, but it has proven and is proving successful in many small hospitals.

THE RHEUMATIC CHILD

A writer in an English journal calls attention to some of the peculiarities of rheumatism, as it affects children. While it is believed to be of infective origin, or due to the invasion of a special germ, yet the heart is the chief seat of the mischief in the young, whereas in adults the joints are more seriously affected. It thus follows, he says, that a mild sore throat with a little aching in the muscles or joints, may in a child be the only symptoms of an attack of acute rheu-

matism, which if not properly treated, may damage the heart for life. So-called "growing pains" are in some cases really an attack of acute rheumatism, which needs long and careful attention. He urges the necessity of the public being aroused till it grasps the fact that growth is not painful, and that "growing pains" are in reality symptoms of some morbid condition, which may or may not be serious, but at least demands skilled advice.

The Care of the Teeth: Dentistry in Antiquity*

MARY A. CLARKE, R.N.

Bellevue

OF ALL the features of the face the mouth presents the greatest variety of expressions. Every one recognizes the fact that a fine set of teeth enhances personal beauty, that no face with a beautiful profile can be ugly, and none can be perfectly beautiful if the profile be irregular. But few non-professional people realize how much the symmetry of the dental arches depends upon the avoidance of bad habits which are usually contracted in infancy or childhood. Like any other organ of the body which has its own anatomy, and nerve and blood supply, the teeth are subject to variations from the normal.

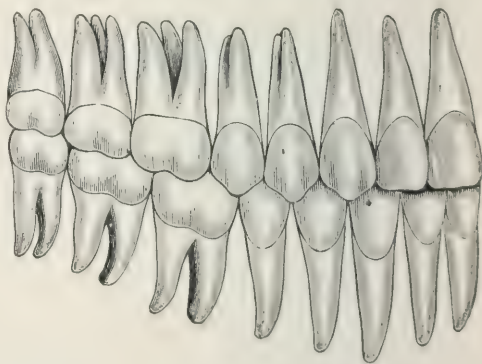
The natural and ideal arch of the teeth forms a graceful curve, which promotes harmony of the features. This curve is really a semi-ellipse, slightly flattened in front, and somewhat prominent at the sides where the cuspids are located. The accompanying figure shows a normal jaw with the teeth in perfect alignment, closing in such a manner as to permit them to perform their functions of cutting and tritulating the food. This perfect closing of the teeth is called "normal occlusion."

The deciduous, or first, teeth are cut as follows: The central incisors at an average age of 5 to 8 months, the lateral incisors at 7 to 10 months, the cuspids at 12 to 18 months, the first molars at 14 to 16 months, and the second molars at 16 months to 3 years.

Of the permanent teeth, the first right and left molars are usually cut at about 6 years of age, the right and left central incisors at 7, the lateral incisors at 8, the first bicuspid at 9, the second bicuspid at 10, the cuspids

at 11, the second molars at 12, and the third molars (wisdom teeth) at about 18.

One of the chief causes of dental irregularity is the premature extraction or loss of the deciduous teeth, which causes the cutting of the permanent teeth before the jaw is sufficiently developed to be ready for them. The permanent teeth develop near or underneath the roots of the deciduous teeth, and as they wedge themselves into place they cause the roots of the first teeth to be absorbed. Sometimes a child has



Reproduced from Dr. V. H. Jackson's "Orthodontia": by permission.

THE IDEAL JAW, SHOWING NORMAL OCCLUSION OF THE TEETH

more than the usual number of deciduous teeth, and crowding is the result; these are called *supernumerary teeth*.

Irregularity of the dental arch, especially an abnormal prominence, may sometimes be congenital or hereditary, and cases are on record where such a facial imperfection has been transmitted in a family for several generations. Even rotation of the teeth—that is, the turning of the teeth quite around in the socket—has been known to run in families.

Some imperfections of the teeth are said to be due to syphilitic and scrofulous disease,

*Based upon the following: V. H. Jackson, *Orthodontia*; N. W. Kingsley, *Civilization in its Relation to the Decay of Teeth*; G. H. Wright, *Teeth and their Relation to the Body*; Boston Med. and Surg. Journal, 1912.

others to mal-nutrition, some to neurotic tendencies or excessive mental activity in children. But many unsightly conditions are strictly preventable. During the time that the teeth are being cut the jaw is developing, and bad habits formed at this period have a powerful effect upon the shape of the jaw. If not broken up, they may be persisted in, even until after the appearance of the permanent teeth.

Sucking of either the thumb, fingers, lips, tongue or cheek during the growing years will draw the teeth out of line and cause deformity of the teeth and jaws. Thumb-sucking is probably the most common. This makes pressure on the inside of the front of the upper dental arch, and brings about an unsightly and abnormal anterior development of this part of the arch; it will also force the lower incisors (front teeth) inward, and move the upper ones outward. This makes considerable space between the upper and lower front teeth, which will often prevent the lips from closing. The habit is sometimes persisted in until thirteen or fourteen years of age, to the great mortification of the child affected, who is likely to resort to it unconsciously whenever absorbed in deep thought.

Sucking or biting of the lower lip, or even allowing the upper teeth to rest on the lower lip, if done continuously, will throw the upper teeth forward, and make them lap over the lower lip. Sucking of the lower lip is sometimes begun when the child is being weaned. *Sucking of the upper lip* is less common, but if persisted in will cause the lower front teeth to protrude. Sucking or biting both of the lips at the same time will prevent the upper and lower front teeth from coming into proper contact with each other, thus making normal occlusion impossible.

Sucking of the tongue or doubling it on itself will broaden it, and may press the teeth outward, in this way broadening the jaw also, while drawing in or sucking of the

cheeks has a reverse effect, and will force the molars and bicuspsids inward and contract the jaw.

A *receding* lower jaw may result from heredity, from arrested development, or from the injudicious removal of the lower permanent teeth, thus interfering with the anterior growth of the jaw. This condition may be corrected even after reaching adult life. As a rule the first teeth should be retained, if possible, until they are pushed out by the permanent teeth.

Mouth-breathing will also destroy the symmetry of the arches. It is often caused by enlarged tonsils or adenoid growths which prevent the child from breathing properly through the nostrils, and is a condition which calls for surgical treatment. Mouth-breathing makes the muscles pull on the alveolar process (the spongy bone which forms the margins of the jaws, and into which the teeth are set—the sockets of the teeth), and gradually elevates this with the teeth, making the arch high, contracted and V-shaped. Sometimes mouth-breathing causes an elongation of the features, and makes it difficult for the child to shut its mouth; it may pull the nose downward. Mouth-breathers are usually subject to colds in the head; they have thick lips and a vacant or dull expression which is quite characteristic, but which improves after operation. This has been done even as late as twenty-seven years of age, and was followed by better breathing through the nose, and freedom from head colds.

Tartar is an irritant deposit which should be frequently removed. It has a tendency to loosen the teeth in their sockets, and may cause enough irritation to make a person grit his teeth in sleep; it also makes the teeth bleed easily.

The teeth should be cleaned with a good powder, and a brush not too stiff to pass between the teeth nor so soft that it will not remove tartar and other deposits. Massage and friction to the gums, if not too

severe, is beneficial. If they bleed, brush harder, up and down; if the brush is merely passed across the teeth it will not remove the deposits between them. The first teeth, as well as the permanent, should be preserved by filling. A tooth loosened by accident should not be pulled out, as it can probably be retained by the dentist, and made to do good service. Care should be exercised in choosing mouth washes; if they are powerful enough to remove calcareous deposits they may even injure the tooth itself.

Wisdom teeth, if cared for, often prove as strong as the earlier back teeth, and in old people are not infrequently found in good condition after all of the other teeth are gone. They are at first not so dense as the early teeth, because they are cut during the period when the frame of the body is growing very rapidly, and they receive a lessened amount of nutrition, especially in poorly nourished boys and girls.

Diseased teeth may cause infection and enlargement of the tonsils and other glands. When we see a mouth with the teeth out of line, the arch high and contracted, the tongue crowded and caries present, we will also find insufficient mastication of food, a constricted nasal cavity with imperfect drainage and impairment of breathing, all of which are detrimental to health.

The British National League for Physical Education and Improvement, with the aid of the British Dental Association and the School Dentists' Society, last year published a card for general distribution, with the suggestion that it be hung over everybody's washstand. It is as follows:

CARE OF THE TEETH

1. Clean teeth seldom decay.
2. Decayed teeth cause much suffering and bad health.
3. Food left on the teeth causes decay.
4. Unclean teeth decay chiefly at night.
5. Clean all teeth thoroughly, inside and out, before going to bed, and again in the morning.

6. Use a small tooth brush, with soap or chalk powder.
7. Keep the tooth brush perfectly clean.
8. Chew the food slowly and thoroughly.
9. Bad teeth should be stopped by a dentist or promptly removed.

Decay of the teeth is said to be on a rapid increase, especially among people in easy circumstances. Some have attributed this to a great consumption of candy, others to alternations of hot and iced drinks, others to the fact that people live too much upon soft food rather than that which requires mastication, again to want of cleanliness, still again to climatic influences—each of these theories having been refuted by others. One writer declares that, given an unimpaired nervous system in a sound body without taint, and the teeth would never decay while this condition lasts, and that even cleanliness need be practised only for comfort. Civilization seems to be a factor in the decay of teeth.

Our North American Indians and the Chinese of the Pacific Coast have remarkably regular arches. This is really true of all semi-barbarous and savage races who are of good physique.

Again, abnormality of dental development and an increase in nervous diseases seem to go hand in hand. It appears to be the concensus of opinion that dental caries is rather exceptional among the lower classes but distinctly marked in the higher, where there is mental rather than physical labor, strain of mind in place of strain of body, nervous tension instead of muscular effort. Some dentists have advised that from the first to the seventh years attention should be given only to the child's morals and physical welfare. He should be nourished like an animal, his moral nature alone stimulated, and the intellect will take care of itself.

Nutrition is a tooth builder. It is perfectly natural that the vitality of the teeth should last as long as the bones of the body.

The durability of the teeth after death has been demonstrated in countless instances by the skulls of Egyptian mummies, by those of our own American mound builders, and by the complete sets of teeth found in the skulls of the prehistoric peoples of Peru. But the proper nutrition of muscles and bone is often diverted from its normal function in order to repair undue waste of the nervous tissues.

People have suffered from diseases of the teeth as far back as 3700 B.C. Dentistry was practised in Egypt in 450 B.C., and teeth were then united by means of gold. Hippocrates, the Father of Medicine (460-357 B.C.), advised for ladies a dentifrice made of marble dust and the ashes of hares and mice. Toothpicks of wood, quills and silver were then used.

The writings of Celsus (about 20 A.D.) show that the art of filling teeth was known in his time, also that of lancing abscesses of the gums, of removing necrosed fragments of bone, of fastening loose teeth to neighboring healthy ones by means of gold wire, of filing uneven and scraping stained teeth, and of correcting deformities from malposition of the teeth. Horace (65 to 8 B.C.) in his "Satires" clearly referred to artificial teeth of bone or ivory, which were removable. Rhazes, the Arabian physician (A.D. 923), filled teeth with a mixture of mastic and alum. He was the author of the first treatise on small-pox and measles. In the elev-

enth century Abulcasis described scrapers for the removal of tartar, and files and saws for shortening teeth that were too long. He even advised replantation of the teeth whenever one or more of them had fallen out because of an injury. The first recorded gold filling was in the fifteenth century.

Ambroise Paré, "the father of French surgery," in the sixteenth century practised replantation, not only when teeth were lost by accident but when healthy ones had been pulled out in mistake for aching ones. He recorded (though he did not perform it) a most extraordinary case of transplantation of teeth.

The first gold crown is reported as having been made in 1593. Early in the eighteenth century Fauchard, a Frenchman, published all that was known of dentistry up to his time, and described some of his own inventions. His work established the independence and dignity of the dental profession, and he is justly considered the founder of modern dentistry. According to the claims of many, it was Horace Wells, an American dentist, who in 1844 discovered surgical anesthesia and became in this way one of the greatest benefactors of mankind. Of course, as is well known, his right to this honor has been stubbornly disputed, and priority of discovery given to Dr. William T. G. Morton, also a dentist, who administered ether in the Massachusetts General Hospital in 1846.

Keep your face with sunshine lit,
Laugh a little bit.
Gloomy shadows oft will flit
If you have the wit and grit
Just to laugh a little bit.

—J. E. V. COOK.

Teaching Children the Story of the Origin of Life

DR. KATE LINDSAY

IT IS strange, but nevertheless true, that until the last quarter of the nineteenth century scarcely any effort had been made or any system devised for teaching the young, sex hygiene, or giving them any true facts about the origin of life and the phenomenon of reproduction, as witnessed in the propagation of successive generations of plants, animals and men.

The parents talked freely to the children about seed wheat, corn or potatoes, and about the hens laying eggs. The little ones soon understood that seed wheat grew when sown in the ground and produced other wheat; that to insure a good crop of grain, good seed and suitable soil, moisture and sunlight and cultivation is required.

The science of lower animal reproduction also received some attention, mostly, however, from the commercial standpoint. The farmer and stock raiser who wished his boys to become successful agriculturists and stockmen taught them they must select the best of their corn and their wheat and oats to secure a good crop. The imperfect, weakly seed must be rejected, whether of plants or animals. These would surely result in crop failure for the farmer and depreciation of the stockman's herd to such an extent as to render them valueless, if renewed, by allowing the defective animals of his flock or herds to reproduce still more unfit progeny, until at last extinction of the race of plants and animals resulted. The men who thus unwisely disregard the science of good farming and stock raising are regarded as dismal failures in their business of agriculture or stock raising.

But while the contents of the grain barns and occupants of the stables are often a credit to the farmer, the weakly mother and sickly, undeveloped offspring, who live in the

home, are much to his discredit. Why should they not show the uplifting and ennobling effect of proper breeding, as well as the field products and lower animals, in a much greater degree? For while the stock and grains are mere passive agents to be acted upon and controlled by human intelligent regulation, the human mother and children are capable of cooperation with the father for their own welfare and improvement.

The reason they do not exert this influence over themselves and grow upward instead of downward, improve instead of degenerate, is because they have no conception of the fact that they can better themselves by the application of the same laws for self-improvement, which have brought such happy results in case of the cattle and field products.

The subject of human reproduction has been considered an unclean, unfit subject for respectable people to discuss. The truthful, conscientious mother feels embarrassed or condemned at the thought of imparting any sexual knowledge to her children, and often feels it her duty to suppress every manifest symptom of any desire on the part of her growing children for information on the subject of where the new baby came from. The childish inquiries are either forbidden, or else the little ones are told some fairy tale about the doctor, the nurse or the storks bringing the little stranger to the home. Many mothers whom I have met would like to do better in this matter of imparting sexual and reproductive instruction to their children, but know no other method of dealing with the subject but the one which their mothers practised on them. They are aware of its defects and can look back to their own experience and know full well that the child is not satisfied with this information. In fact, they are aware, many

times, that the little ones know that they are being told unsatisfying untruths. They often confess to feeling morally certain that the boys and girls are seeking to obtain information elsewhere. They know that thus the children become contaminated with the absolutely impure, unclean ideas imparted to them about this subject, which will never be effaced from memory. The children thus instructed know father and mother would be displeased if they knew the language they were being taught to use and the methods of discussing this subject their children were listening to, but like the ostrich, they hide their heads in the sands of lack of knowledge of what the young people are doing, saying and thinking. They fondly hope all is well, because they do not trouble their elders with embarrassing questions so difficult to answer, and which unfortunately most older people have no *system* of dealing with.

As one mother said to the writer, "I sincerely want to do right by my children and to impart to them proper knowledge of how babies originate and where they come from, but it seems such an indelicate subject to talk to them familiarly about that I do not know what to say or how to say it."

Another less refined woman, speaking of an eighteen-year-old daughter about to be married, expressed herself as dreading to give motherly counsel and advice to her daughter on sexual matters, because the subject was so nasty. This mother asked that the physician enlighten her ignorant child on what she would have to meet in the matrimonial relations. Better than the mother, the wise physician knew that this girl had talked the subject all over with her young girl friends, simply because it was a forbidden topic between herself and mother.

The trained nurse can help both sensitive, refined and less cultured wives and mothers of all types by seeking to impart higher ideals of the functions of the reproductive organs.

The idea that it is indelicate and vulgar

to deal with this subject from the correct moral and scientific standpoint must be uprooted from the minds of men and women. The sacredness of man's ability to perpetuate the human race existence should be fully understood and appreciated, not only by the medical and nursing profession, but by everyday men and women. Whenever this subject at present is considered by the majority, it suggests something perverted and impure, and few consider sexual subjects from the standpoint of right and wrong. To them there is only one standpoint to view them from, and that is one of evil, and that continually.

Before the children can be properly instructed by their parents about the origin of life, the parents must feel responsible for their physical welfare and mental and moral growth, and must have true ideals and proper understanding of this subject themselves.

The good mother does not hesitate to explain to her child the difference between acquiring property and money honestly and in a lawful manner from that of forcibly and dishonestly taking the same from others. She talks freely to her child about honest money gotten by righteous methods of acquiring it, and is proud of her son who has good business ability and can earn his living without needing to resort to graft and other shady methods of gain.

Next to acquiring correct sexual ideals is the cultivation of the art of imparting these ideals to the children as they grow up. This requires a thoughtful study of the subject of the reproduction of all living things.

The nurse who is anxious and willing to help mothers on the subject of how to best impart life origin knowledge to the young, will find help from the study of biology, botany and eugenics, as well as that of physiology and anatomy. The knowledge of plant reproduction can be taught without shocking any one's sensibilities and made interesting.

Take the grain of corn and cut it open and begin with the story of the baby corn plant, which has lain all through the winter, protected by the food material it will need, when planted, to start it to grow before it sends its roots out into the earth and its green leaves up into the air. Watch it grow into a green stalk, then the leaves, tassels and green ears appear and the development of the grains. Inside of each one is a baby corn stalk, which carries the corn life over until next spring and so the farmer keeps raising every year a crop of corn. The frog and fish eggs and the birds' eggs can all be used, too, as object lessons to tell the story of life origin and perpetuation on this planet, and the little ones can be taught at the same time, lessons of gratitude to their Heavenly Father for providing a plan whereby mankind may be fed by the continual renewal of all these lower orders of life.

Every child is interested to watch the birds build their nests in the spring, and from the time the first blue or speckled egg is laid until the gaping nestlings open their mouths for the worms their busy parents bring to them, they follow them onward until grown too large for their nests, and they take their flight out into the world. What an object lesson, almost parallel to that of the child's own home life! For a well-ordered home is the growing, developing, fitting-up station for the little one while growing into full manhood, physical, mental and moral development, every day becoming more self-dependent and self-regulating. At last, like the young nestling, he has grown strong enough to meet with his fellows all the life battles, dangers and difficulties, and overcome them, and to live a successful useful life to himself and others. Like Abraham of old, "blessed and being blessed."

As childhood merges into youth the questions of sex relations will come up, and the part of father and mother as judicious coun-

sellors should demand the ability to explain this subject wisely and truthfully.

If a strong sentiment and belief in the sacredness of this function has been implanted in the mind of the child, and the little one has been kept free from the virus of false, impure ideals, it will not be so difficult a matter to lead the normally growing youths and maidens past the trying dangerous period of adolescence, into a stable, self-regulated manhood and womanhood.

When the age comes for marriage, young men and women will not meet socially to play upon one another's passions and waste time, and ruin health and debase morals in the dangerous flirtation pastimes. This is a time when good books put into the hands of the youths and young men and women do much good. As the world is full of the unclean and moral pitfalls and open gates leading to disease and death, seeking to lure the young of both sexes from the path of virtue and rectitude, it is well to have them well fortified by the knowledge and wisdom needed for their salvation.

The wise man's description of the simple young man given in Proverbs, Chapter 7, "Who goes like an ox to the slaughter of all that makes life worth living for," is, alas! a true picture of so many youths today.

Trained nurses can select books and leaflets for their own information, and also the kind of reading dealing with sexual self-knowledge and life origin to put into the hands of the boys and girls of all reading ages.

The trained nurse can be a true missionary and mothers' helper by helping parents to replace the false by the true ideals; by instructing them how to tell the story of life origin to the children and youths, in a manner that will impart to them only true, clean ideals, and also help the parents and children to select correct proper reading matter suited for their understanding, age and education.

The Private Nurse's Trials and Their Compensations

ANNETTE FISKE, A.M.

WITHOUT question the private duty nurse has her trials, but most of us will admit that the compensations are so intimately woven in with them that it would be impossible to separate the two. Moreover, if the nurse has trials in her work in private families, surely the families have their trials as well. When it is necessary to call a stranger into the intimacy of the home and lay open to her keen and perhaps misunderstanding and unsympathetic eyes all the misfortunes and shortcomings of the household, it is usually more or less a trial. All human beings have their faults, even the nurse with her thorough and humane training and with the lofty ideals demanded by her calling. Certainly she needs to carry all her charity and knowledge of human nature with her when she goes on a case, and to be ready to make allowances and accept the best interpretation of words and actions.

Trials, large and small, are to be met with in private nursing as in every other walk in life, and they vary very largely with the means of the family and the character and disposition of its members. It depends upon the nurse's own character and tastes, what trials she finds hardest to bear, whether those met with in the houses of the wealthy or those encountered in the homes of the less well-to-do. So far as the trials are due purely to character, they are the same everywhere. The less understanding she has of the people she is with, the more trials the nurse is likely to encounter, and the harder she will find them to endure, since where we do not understand we find it hard to sympathize. Moreover, the nurse's own character and point of view, prompting, as they do, her actions and general conduct, greatly

affect the manner and conduct of those she is with. Where one nurse sees trials, another sees none, and what is a great trial to one is a trifle to another. Besides, trials may escape your notice if you are not on the lookout for them, while the more you dwell upon them the larger they grow. Often where allowances are made for circumstances and possible family troubles, the nurse's trials fade away in sympathy for the trials of those whose acquaintance she has unexpectedly been called upon to make. For never is she alone the person with trials to endure. Yet, however free she may be from prejudices, and ready to make the best of circumstances, when she goes to her case she will still meet frequently with things that try her patience, and things that it requires all her optimism to put in their true place, as the unimportant elements of the experience.

To an energetic, conscientious nurse, the trials of being with a wealthy patient who is not really sick but feels that she likes a safeguard on hand, are probably the most exasperating. Not that all such patients are nervous cranks or snobs. Some are delightful to be with. But the life and, consequently the point of view, is so different as to make a perfect understanding difficult. Then, most nurses follow their vocation from love of nursing the sick, and to spend weeks and perhaps months with some one who is not actually sick, but may become so (as in some cases of heart disease or of people liable to fits) is trying. There is not the active occupation to which the nurse is accustomed, and unless she can enter into the occupations of her patient, or have some of her own to take up her leisure, she will get discontented and unhappy. The duties

are apt to amount to little more than those of a lady's maid or a companion, unless the nurse can make herself a real friend. I call to mind a case where I was several months with a patient and became much attached to her. She was an intellectual, friendly woman, whose companionship I found very congenial. The nurse who preceded me had spoken of her most condescendingly, explaining in an amused way her fondness for dress—she was nearing seventy—and mentioning various foibles, which I thought at the time it was a pity to point out. They all proved true, but the real friendliness and interesting personality far outweighed such trifles, in my estimation. She was interested in the nurse and all that interested her, and I soon found myself interested in her occupations and pleasures. Later on an attendant took my place, a ladylike, well-educated young woman, but when I called one day such a tirade greeted me. Her duties were those of a lady's maid, she was not expected to stay and help entertain friends, had she not promised to stay until a certain date she would leave at once, etc. I had to laugh to myself at her ire, for I had been so sorry to leave my patient. I had been so fortunate as to have some outside interests to occupy me, which the others had not. One striking feature of the case was that the patient never criticized either nurse or attendant to me, though I heard through relatives and gathered from stray remarks that the former had been far from satisfactory in some respects.

Another time I was arranging to travel with a patient, and was talking with a nurse who had been with her some months. "I would not wish my worst enemy that fate," she said to me, and I know now very well why she said it, for I went, was gone three months. The patient was an old lady and not altogether responsible. She had no use for nurses, beyond what they could do to make her comfortable and she did not hesitate to be very nasty if everything was not

done exactly as she wanted it. It was very lonely and trying to the patience. What compensations could there be? If you tried hard you could suit her fairly well for the most part, and by holding your tongue avoid much friction. You had the satisfaction of keeping her well, and you had much time at your own disposal, owing to her distaste for your company. Consequently, you could go sight-seeing, walk, read or indulge in any favorite occupation with a free conscience.

Only part of these compensations were available on a case with a Boston snob, who took me away with her as a precautionary measure, but some of the disagreeables were also missing. She wanted me at hand on call, though she did not wish my company, and I had only my two hours at my full disposal. In them, however, I succeeded in seeing all the places of interest in the town where we were staying and in the other leisure that I was bound to spend in my room I did a lot of writing and sewing that I had on hand. It might be lonely to be in a strange hotel and sit by yourself at meals, seeing your patient only to say good-morning and good-night, but I got a lot of work done of my own, and I saw a new and interesting place, and I earned my regular fees—not such a very bad bargain, after all, especially if you could be philosophical and realize that no unkindness was meant, and that the snobbishness was unconscious, being inborn and inbred.

More trying, perhaps, was a case with an old acquaintance and friend of the family, known to be peculiar, who was comfortably off but not rich, and had a nurse under protest, because the doctor thought she ought to, as she lived alone with a maid and was subject to fainting spells. As she lived in a small apartment, the maid could easily do all the work and, there being no nursing, I had almost nothing to do. I tried to find an occupation that would suit her, but it proved impossible. She herself suggested my reading, but soon complained that "my

nose was always in a book." Then I took to crocheting and sewing, but that did not suit her, either. Had I nothing to do? It was evident that she was getting fidgety at paying me for doing practically nothing for her, though it was not my fault there was nothing to do. I tried to be patient and to do what I could to suit her, preferring she should be the one to break the engagement, which she finally did, to my great relief, though I felt sore at my failure to give her satisfaction. I believe, however, that her temperament and condition forbade her being satisfied for any length of time, under the circumstances, and the disease she suffered from made her nervous and irritable. In her case one had rather to consider the extenuating circumstances that explained the patient's attitude than to look for compensations which did not exist to any appreciable extent. There is always the knowl-

edge that you are at least earning your living.

All these cases were with people who could afford to keep a nurse perfectly well, and, with one exception, who were not really sick, but subject to sickness. The other one was just recovering from an illness. The difficulties were those that come with such conditions, where the patient feels she is not getting her money's worth, seeing nothing in the nurse but her professional usefulness, or where the nurse is at a loss for her usual duties and the appreciation that compensates the labor. If, as is to be hoped, money alone does not pay the nurse on such cases, she needs to have interests of her own with which to make the time pass in a satisfactory and profitable manner. Other kinds of cases have trials and compensations of a different sort.

(To be continued)

NEW TREATMENT OF GASTRO-ENTERITIS

Highly successful results have been obtained from the cold-air treatment of gastro-enteritis at Mt. Sinai Hospital. In charge of a graduate nurse, a small ward of four cots has been open during the height of the summer and from eighteen little ones admitted seventeen recovered.

The treatment is extremely simple. It consists of a fairly low temperature, 68° to 72° F., and feedings, which commence with Eiweiss milk and are modified until whole milk and barley water can be assimilated.

A clock thermometer indicates the quarter hours and traces any variation of temperature in red ink on the dial. Another thermometer records the outside heat.

One partially opened transom allows for ventilation, otherwise the windows are kept closed.

The air is introduced through a large ventilator by an apparatus in a compartment below the ward. From a shaft open to the street it is electrically fanned over a small reservoir of water, from which it absorbs the necessary amount of humidity, and upwards through a tank lined with brine coils. This apparatus is capable of reducing the air to 22° F.

Steam heat is also connected so that the temperature can be regulated as desired.—*S. H., in Mt. Sinai Alumnae News.*

A Nursing Problem

MARY ALLEN

DR. LOWENBURG, in his sensible and helpful address, points out the necessity of conserving mother's milk, and makes an appeal, the first that has ever come to my notice, to the trained nurse to help in educating mothers in this great duty and privilege. As he so ably sets forth, women *will* listen to their nurses on this subject, when they will ignore their physician's advice entirely. However, the physician, as a rule, is glad to turn over the matter to the nurse. But the nurse must know her subject and be able to teach it. THE TRAINED NURSE AND HOSPITAL REVIEW, commenting on Dr. Lowenburg's appeal, says: "Great stress is being laid in the training school curriculum on the importance of pupil nurses being taught methods of modifying cow's milk for babies. Has half as much emphasis been placed on the methods that nurses may use to help increase the flow of natural milk for a baby?" It must be admitted that the average nurse graduates with only the vaguest ideas on this subject, and no definite teaching at all. Too often the nurse goes out into private practice without being sufficiently impressed with the importance, the vital necessity, of the mother nursing her child, and, therefore, does not help the mother and child as she could did this matter lie near her heart. I am sorry to admit that I have heard more than one nurse remark: "I never bother about what I give an obstetrical patient to eat; I just give her whatever happens to be on the table." My experience, which covers a period of over twelve years among the exceedingly nervous women of the South, has taught me that the ability to nurse properly is almost entirely a result of proper diet and not an accident; and I think I may, without vanity, call myself successful in this particular field. Out of every one hundred cases, only one failed

entirely to nurse her child; four could only partly do so; two were afterwards taken with typhoid fever and had to stop nursing; four or five I lost sight of, and all the others were successful, except the few who listened to their friends (?) and departed from my routine after I left. As I have nursed one woman in five confinements and several in three and four, it will be seen that physicians and patients appreciate my efforts, which, as I have said, are almost invariably successful. As I have had to work them out by myself, a recital of my methods may be interesting to younger and less experienced nurses.

I try to see the expectant mother as early as possible, to gain her confidence and to instruct her in the preparation of herself for her new duties. For two months before her confinement I have her massage her breasts nightly and paint the nipples with glycerite of tannin, which may be washed off in the morning. I also instruct her in the care of the bowels, reminding her of the necessity of a daily evacuation and warning her against the use of salines for this purpose, the user of salines seldom having much milk, and such as she has often being long-delayed in appearance and poor in quality. If the physician has not prescribed, I advise the use of fluid extract cascara, castor oil, glycerine suppositories or enemas, whichever is least offensive to the patient. It is well to dwell on the necessity for good, nourishing food at this stage, and for plenty of outdoor air and exercise, not only for the purpose of keeping herself in good condition for the coming ordeal, but for the sake of the expected milk, a well-nourished mother seldom having to wait as long for milk to appear as one who has neglected herself in this particular.

As soon as the room is in order after delivery, I take to the mother a cup of cocoa, broth, hot milk, or even hot weak tea,

if nothing more nourishing be available; then I put the baby to the breast. He will not nurse more than a few minutes, but I place him to the breast every three hours in the day until the milk appears. Besides the other well-known reasons for this, it encourages the early advent of the milk. From this time I give the mother plenty of nourishing and easily-digested food, avoiding all acids and ices. Indeed, it might be called the *secret* of producing plenty of good and rich milk—this avoidance of acids, coarse vegetables and ice. The teaching that a nursing mother may eat anything that agrees with her has certainly not been productive of good results in this community. The woman who eats grape-fruit, tomatoes, salad dressings, cucumbers, cabbage, turnips, etc., may have plenty of milk at first, but I have seldom known such a one to be able to feed her child naturally during the whole necessary period, and her child will almost always be found to suffer from indigestion. I am often asked by physicians to “go and stay a few days with Mrs. So-and-So and see if you can get her milk back.” I do not like this kind of work, for I feel that it properly belongs to the nurse the patient had at her confinement; but I go if I can, and almost always find the mother one who ate “just anything” and that “anything” usually proves to be tomatoes, fruits and ices. Ice cream and iced drinks I find exceedingly injurious. Water may be made cold enough to be palatable by keeping it in glass jars in the ice chamber of the refrigerator. I do not insist on the patient taking more water than her natural thirst calls for.

Then I give food *regularly*; midway between the regular meals I prepare a light repast, usually hot weak tea served without milk, and sandwiches of brown bread and dates, white bread and butter with raisins; or a glass of milk, hot or cold, but not iced, with crackers; or a cup of bouillon, with strips of toast; anything nourishing and light enough not to destroy appetite for the regu-

lar meals. The tea must be made by the nurse, for I have yet to meet the cook, white or colored, who understands the art of making this beverage.

If the milk be *very* scanty, I give a cup of hot milk or cocoa at bedtime, and in very obstinate cases another at the baby's night nursing, usually at about one or two o'clock in the morning. When the mother wakes in the morning I have her drink something hot at once, if it be only hot water. This practice will be found of great use in preventing constipation. Never let the patient begin the day by taking a *cold* drink. It is important, too, to watch the mother's circulation, her extremities often being cold without her being conscious of the fact. A hot water bottle to the mother's feet will do a lot for the baby.

If the milk be abundant but does not seem to satisfy, try giving the mother more meat and eggs; as a rule the milk will improve in a few days, but if it does not, give the physician a sample to have analyzed and find out what *is* needed.

Do not be misled into thinking, and do not let the mother think, that because the milk is rich and abundant at first it will always remain so without care. The mother must be taught the necessity of persistence in this course of diet, which is not nearly as monotonous as it sounds, and the folly of accepting advice from the laity. The interfering grandmother, the loquacious mother-in-law (and mother, too often) *will* air their opinions and try to make the mother regard herself as a martyr; but an occasional visit, or even telephone inquiry from the nurse, will help to offset this interference and encourage the mother. And the results will speak for themselves—the fat, contented baby, free from colic and indigestion and sleeping well at nights, can be shown as proof of the wisdom of the treatment it receives.

I wonder if I am the only nurse who ever tries to interest the father—that generally

ignored person—in natural feeding for his child. Unless he is an exceedingly dull person I always talk to him, too, and to the credit of the fathers be it said, I have never met one who was not intensely interested, nor one who failed to co-operate with his wife or to uphold her in her resolution to nurse the baby. He will help her, more than any one else, to disregard her meddling neighbors.

I suppose I shall be accused of heresy when I state that I do not give my babies water for the first few months, except while waiting for the milk to appear. If, as we are told, mother's milk is over 80 per cent. water, the baby gets quite enough water in his food to allay thirst and to flush the kidneys. The latter *can* be kept so active as to keep the child from getting enough sleep, the constant changing of diapers tiring him till he is cross and irritable. Besides, where a child sleeps uninterruptedly between feedings, as most of them do when properly fed, there is no suitable time for giving water. Another heresy of mine is to have the baby nurse every two and a half, instead of two hours. If the milk is abundant and the child sleeps three hours I make that the interval, and I have seen no colic nor indigestion since I have followed this plan.

The wife of one of our most prominent physicians had had four children and when I nursed her with the fifth she was much distressed over my not feeding the baby every two hours, not giving it water, and not letting her have acid fruits, iced lemonades, etc. She said she had done all these things before and she saw no reason to change. I reminded her that she had told me that she had never been able to nurse a child longer than five months, that she had lost a year and a half's sleep on each one, and that her neighbors moved away because they could not sleep for her babies' screaming at night. All this, I pointed out, scarcely showed her methods to be a success. She reluctantly consented to mine, and be-

fore I left her she said: "To think that all the sleepless nights we endured, the labor we spent preparing food, our anxiety and the babies' sufferings might have been avoided! I am a thorough convert." This woman has had two children since then and has been able to nurse all three for the full period.

A word may be said in regard to patients who have poor appetites. Happily, these are not often found among nursing mothers, but when they are it will be found that such women are generally suffering from depression, or at least from dullness. The nurse may do much to dispel this by keeping the patient as free from worry as possible, by making herself entertaining and by opening new lines of thought to her. Help her to realize how interesting life really is; many women have never even thought of this, and they need awakening.

The lying-in period may be made a time to be remembered as a sort of holiday. Many women who can eat very little when alone often despatch a hearty meal when they have some one to eat with them? The nurse may have the table set for two by the bedside, and have some member of the family eat with the patient. At the evening meal it may be arranged to have her husband bear her company, and if there be no one else, the nurse may eat with her, but this is rather hard on the nurse. In the second week there will be visitors in the afternoons and they may be served with tea and sandwiches when the patient has her afternoon repast, the dispensing of hospitality invariably having the effect of raising the patient's spirits.

Let me summarize my methods: Good, nourishing, easily-digested food. served frequently and regularly; no acid foods, no coarse vegetables, no ices; physical and social warmth, cheerfulness, courage and persistence in all of this during the whole nursing period.

What Shall the Convalescent Read?

EDITH HARMAN BROWN

READING, reading everywhere, and not a book to cheer!

Anyone who has tried to find suitable literature to read aloud or to offer to a convalescent, ought to appreciate and endorse the foregoing sentiment. It is surely difficult enough to cater in this line to a patient who has been weakened by mere bodily disease, but the task is doubly hard when the patient happens to be one who is recovering from neurasthenia or other forms of nervous prostration and melancholia. Among the magazines it is the rarest thing to discover a tale that is written purely for amusement, or with the sole intention of diverting. A problem must of necessity be solved or an emotion dissected, in almost every case. Trust monopolies, the sex problem, the drug habit, spiritualism, auto-suggestion, and the never-failing subject of domestic infelicities, any, or all of these are liable to form the cheering theme for the current story. This search in vain for safe and sound reading reveals, to a great extent, the psychology of the day. All sorts of questions have been harped on for so long and so extensively, the appetite for self-analysis has become so keen, that authors have probably lost the art, if, indeed, they ever possessed it, of writing solely for the purpose of entertaining.

What we are looking for in the sick room is a story devoid of theories and problems, quick of action and wholesome of theme. Where shall we go to find it? In vain do we scan the shelves of the libraries for the book we want. Occasionally we are rewarded by the find of a David Harum, a Mrs. Wiggs, or a "Mary Cary," but how much oftener we are misled by the title of a book whose first page indicates a subject likely to suggest an unhealthy train of

thought. A sick mind does not want sick literature, and not only do the contemporary novels fail in healing the sick but they frequently tend to sicken the well.

In all seriousness, is not this an accurate statement? Have we not arrived at a very diseased literary point of view? Surely we have as far as fiction is concerned. Those of us who can remember the days when we felt a guilty thrill on being found reading one of the Duchess's novels, are forced now to smile over those innocuous tales. And why then did we feel guilty? For no more sinful reason than that we were wasting time over what was in those days, designated as "trash." Were not these stories actually treatises on morality compared with the problem novels of today? The little Irish heroine of whom the "Duchess" was so fond, occasionally allowed her fancy to stray from her rightful lord, but seldom beyond bounds, until she became a legal candidate for second marriage, with her first husband six feet safely under ground. Of course said husband always died in the nick of time (should not fiction be fiction?) but was it not healthier reading than the up-to-date stretching, straining and padding of the seventh commandment?

On the other hand, neither is it to the professional funny man to whom we turn in this time of need. The professional humor is far too obvious to force a laugh from the lips of a patient who is determined to be melancholy.

"That's all very well," someone exclaims, "but if you are going to eliminate all the stories of the day and all the humor of the day, why what are you to read to the invalid?"

The words of this objection seem to suggest the remedy. "The stories of the

day," and the humor "of the day." That is just it.

An experience of four or five years of trying to select reading for a nervous invalid has gone to show that stories and articles dealing with past times and far distant scenes, are those best adapted to interest and divert a convalescent. The man whose breakdown is due to the stress of modern conditions does not find amusement or refreshment in reading a story of "big business" schemes, extravagant wives and discouraged bread winners. The nervous woman who has come to her condition through over-anxiety about her long deferred "emancipation," is likely to suffer a relapse in hysteria if she attempts to listen to the "soul analysis" of the heroine of some erotic novel.

Hence, though it is frankly admitted that it is, at best, an exceedingly difficult task, even under the most careful supervision, to find congenial reading for the sick, the choice in most cases, lies with the old time romances.

Obviously in this, as in all other matters, one must be guided by the taste and personality of the invalid; Dickens, Thackeray, Bulwer and George Eliot can generally be counted on, one and all, to appeal to the man or woman who has once had a taste for them. In the realm of travel, vividly written books often hold the interest of the wandering mind, but they should be selected

with great discrimination, and with a view chiefly to their style of diction. The crisp, chatty, personal style will, naturally, soonest enlist the attention of the invalid. Illustrated volumes are always the most acceptable and it is frequently well to lead up to a book of travel by securing accompanying photographs of the scenes to be described whenever possible.

Surely there are few more pathetic sights in a sick room than that of a patient—particularly when said patient be a man—once virile, active and used to no sort of supervision, meekly listening to the hap-hazard reading that is usually thrown out to him by the nurse. And it is generally the masculine patient who is most submissive to the trained nurse. The consciousness of sex deepens during convalescence and he will usually listen to anything—or pretend to, rather than hurt the feelings of the woman who is ministering to him. Parenthetically it might be suggested that lessons in reading aloud become a part of the nurse's training.

In short, none but those who have tried all available means of entertaining a sick person during those protracted and tedious weeks of recovery, can ever faintly realize the great need and value of the right sort of convalescent literature. To effectively divert, and at the same time to conceal your effort to do so, therein seems to lie the key to the whole situation.

THANKSGIVING

And let these altars wreathed with flowers
 And piled with fruits, awake again
 Thanksgivings for the golden hours,
 The early and the later rain.

—Whittier.

The Nursing of Children

ZULA PASLEY

CHAPTER VI

PREMATURE BABIES

THERE are several causes for babies being born prematurely, disease or overwork on the part of the mother being the most common. Shock is also a factor in some cases.

Nurses should combat the notion that premature children will not develop mentally as well as full-term ones, since this has been disproven. They should also contradict the popular idea that a seven months' baby survives when an eight-months' one does not, as this has no foundation either in science or in fact.

It is almost impossible to determine the exact amount of prematurity, and any statements concerning this matter should be given with extreme caution. Most authorities agree that an infant does not survive if born before it has passed the twenty-seventh or twenty-eighth week of intra-uterine life.

The Child's Handicaps—The premature child's three handicaps are lack of subcutaneous fat, lack of lung development, and feeble digestive powers.

Because of its lack of fat (which is formed almost entirely during the later weeks of pregnancy), radiation of body heat takes place very rapidly, vitality is lowered and all functions interfered with. For this reason the child must be kept warm from the moment of birth, or it may die simply as the result of chilling.

During fetal life most of the organs are working to a degree, but this is not true of the lungs; they are therefore behind the rest of the body in development and often fail to unfold properly at birth and permit the air to penetrate. It is the nurse's duty to see that the baby cries vigorously at birth; neg-

lect of this may cost the child its life, because the blood will not be perfectly oxygenated, to begin with, and the matter grows worse from day to day.

The digestive organs, being not yet ready for use, are feeble. The nourishment given must therefore be of such a character as to be easily assimilated, and the time and amount of feeding should be observed with great care day and night.

The temperature of a premature infant is usually subnormal until it begins to gain in weight, when it may go above normal. A continuous subnormal temperature is a grave symptom.

Cyanotic attacks may occur early or at any time. For these two or three drops of brandy or whiskey in a half-dram of warm water may be given by mouth or by rectum, preferably the former, as it is more rapid and certain. Fainting may occur from a slight disturbance; for this reason, it is well to keep the baby in a horizontal position. Oxygen in small quantities may be given when there is imperfect respiration and usually helps. Convulsions may be met by the giving of a mustard bath or pack. For the mustard pack, wring a cloth out of strong mustard water (a teaspoonful to a pint) and wrap it about the child, at the same time placing a cool cloth upon the head.

The most frequent causes of death in premature babies are disturbed heart action and lung insufficiency.

Preparation and First Care—When a premature birth is inevitable, the delivery room should be heated to 80 degrees or over, and a basket or crib provided, which shall be

heated by means of hot water bags or bottles. Extra help should be secured so that the baby may be looked after promptly. The maintenance of bodily heat is of first importance.

Many devices have been used to keep premature infants sufficiently warm. An old peasant custom was to place the child in a jar of feathers. Winckel used a continuous warm bath. A box nearly closed, heated with hot bottles, has frequently been used. Some large hospitals, notably Bellevue, of New York, keep their premature babies in a small hot room. Other authorities insist upon the modern style of incubator.

Incubators—The chief faults in the old-fashioned, crude incubators were their irregular heat and their lack of ventilation. The modern forms have overcome these difficulties to a great extent. They are provided with a heating arrangement controlled by a thermostat, and with ventilating apparatus. The criticisms upon them are due chiefly to defects in these two things. While presumably automatic, they must be closely watched, as the ventilating apparatus does not always work, particularly in warm weather, and the thermostat may be disarranged by an accumulation of dust or rough handling.

The advantages of an incubator are: Even heat from hot water or electricity; fresh air warmed before it reaches the child; means of regulating the moisture of the air. Some of the newer patterns have a scale attachment so that the baby may be weighed without removing it from the incubator.

A nurse must be in constant attendance upon an incubator baby. She must see that the ventilating fan at the top is moving; must note the thermometer to insure control of heat; must see that the hygrometer stands at normal and, if necessary, dampen the air by means of a saucer of water set in the incubator or by a wet sponge or piece of gauze hung inside. She must see that all excretions are promptly removed, as the

high temperature causes them to decompose rapidly. She must attend to the feeding with regularity and promptness.

Value of Incubators—Crede and Tarnier were among the first to make public their opinion as to the value of the incubator. They are warmly in favor of it, and Tarnier published statistics which prove its efficiency. Holt and Edgar, who are authorities in this country, are skeptical as to its value. DeLee, who has had much experience and is equally good authority, considers the incubator essential in the care of premature babies.

When to Incubate—Practically all authorities agree that any infant weighing $3\frac{1}{2}$ pounds or less should be put into some sort of an incubator. Cooke advises the incubation of all under $4\frac{1}{2}$ pounds. The enthusiasts say all under five pounds. The doubters would not incubate any child which seems to have a fair chance of life without it. The facts seem to indicate that a healthy baby of four pounds weight can usually be cared for without an incubator.

The points to be considered are the child's weight, rather than the supposed amount of prematurity, and its general condition. These things cannot be determined by any fixed rule, but must be left to the individual physician.

Essentials of Care—Edgar and Sherman consider keeping up the bodily heat as the prime factor of importance. Cotton also lays emphasis upon this and advises feeding a milk sugar solution which is easily digested and is heat-producing. DeLee emphasizes feeding and considers mother's milk an essential. He insists upon early feeding. Holt and Rotch would delay feeding until the second day of life, whereas DeLee begins at once. The nurse will, of course, follow her doctor's directions, making her own observations.

Location of Incubator—The incubator should be located in a room which is capable of thorough ventilation. The doors and

window of the incubator are opened frequently and the air which enters should be pure. Provision must be made to admit air directly from out of doors into the incubator. In a building not specially arranged for this, a board may be placed under a partly opened window and a hole cut in it to receive the ventilating pipe from the apparatus. The room used should be on the sunny side of the building, but the apparatus should be shaded from strong light.

Temperature of Incubator—The thermometer should be hung above the child's head, never placed in contact with any metal. The amount of heat provided will depend upon the size, vitality and age of the child. It must be remembered that before birth a child has been in a temperature of nearly 100 degrees. A very small baby (one under 3½ pounds) may require a temperature of 95 degrees. Cotton advises 88 to 90. The amount of heat may vary somewhat, according to individual needs. If a child is fretful in a high temperature, or faints, a lower one may be carefully tried. When it is found that a child thrives in an incubator at a temperature of 80 degrees, he may be removed from it and kept in a room at about that temperature, providing it is properly ventilated, and the heat kept even.

Bed—There is usually a grating provided upon which the child is to be laid. This grating has an air-space around the edge, which must be kept free so as to secure proper circulation. The bed may be simply a pad of non-absorbent cotton, covered with gauze to keep it in shape. It should be renewed as often as it becomes lumpy or disarranged, or if there is a suggestion of odor. DeLee advocates the use of down, on account of its heat-retaining qualities. A small down sofa pillow can be had for fifty cents, and is very satisfactory.

Clothing—Little clothing should be used; only enough to keep the baby warm. Cooke advises a jacket made of gauze and cotton and some of the best infants' hospitals use



HOODED DRESS
FOR PREMATURE BABY

this. It may have two layers of gauze, or only one, leaving the cotton next to the child's skin. Holt suggests wrapping the baby in cotton, held in place by bandages, but this is not particularly convenient, as it quickly becomes disarranged. DeLee declares that such a practice may cost the child's life and that fine wool flannel is the rational material.

A convenient dress is the sleeveless slip referred to in Chapter I, made of the softest flannel and fastened closely about the neck. These babies lie so quietly that a diaper is not necessary; simply a piece of absorbent cotton or old linen under the buttocks may be used. A soft flannel binder should protect the cord. If the feet are inclined to be cold, wool booties should be used. The head should be protected by a turban or cap made of gauze and cotton. A light wool blanket may be needed for covering, but one should be careful about its weight.

(To be continued)

The Nurse's Responsibility in Ophthalmic Cases

CHRISTINA GRACE RANKIN

IT IS more years ago than I care to count that I nursed my first case of ophthalmia neonatorum, but the impressions it left on me are still fresh in my memory. He was only a little illegitimate baby boy, but with the same right to life and to vision as any other baby boy. I think his mother might have been secretly relieved in her mind had he died, but though he was ill—so very ill—there was much less danger of his dying than there was of his living and being blind.

There are some things worse than death, and to me at that time the thought of the baby being blind seemed a thousand times more dreadful than if he had died. I had him on regular ward duty for a day or two, till the case became so serious that a special nurse had to be detailed to give her whole time to it. I was the special nurse, and never did I seem to assume a heavier burden of responsibility.

So rapidly did the pus accumulate in the eyes that I was busy almost every moment with the cold compresses and the irrigations. Perhaps the superintendent was over-emphatic in the few instructions she gave me, but she left me with the baby, and with the distinct impression that if that baby became blind I would have to bear a large part of the blame. But with it she somehow managed to convey, also, the idea that if his eyesight was saved, the credit would belong mostly to me.

I was relieved each afternoon for some hours, and I remember a particular incident that occurred while I had gone down into the city on an errand. The first afternoon I was relieved of special duty on this case. A blind man with a card around his neck, bearing the inscription, "I am blind. Help

me!" and a little dog beside him, had for years occupied a nook on the street near a busy corner. He held out a dirty-looking tin cup to receive the coins which passers-by were willing to drop into it. I had seen him scores of times before, but that afternoon, as I saw him, I pictured with a shudder the baby whom I was "specialing" grown to manhood and occupying a place similar to this blind man. I returned home with an almost feverish determination that whatever happened I must prevent such a dreadful fate for that baby. Over and over again I asked myself the question: "What if I should fall asleep while on this case! What if through neglect of something I might have done that baby came out of this illness blind!"

But, to my great, great joy, his eyesight was saved. One eye was imperfect, but the attending physician believed that an operation a few years later might restore its usefulness completely. The other eye escaped without permanent injury, so far as could be determined. Happy? Only those who have won such a victory know the happiness that was mine.

I have often wondered whether nurses now in training realize their responsibility in the care of ophthalmic cases, as it was impressed on me by that one case. Do they realize that asepsis—always important—is doubly so where the eye is concerned. It has been well said that "a little suppuration in an ordinary wound may be of trifling importance. When it occurs in ophthalmic surgery it may mean blindness." The asepsis of the nurse's own hands needs to be especially carefully attended to, after iridectomies and other serious operations on the eye. In preparation for dressings, be ex-

tremely careful about the asepsis of eye-droppers, basins and instruments used, and dressings, but above all of hands.

It should not be necessary to remark that the nurse in charge of clean "eye" patients should not at the same time have charge of infectious patients, and particularly patients having discharging wounds. In small hospitals, and especially on night duty, it is often hard to accomplish the complete separation of the clean from the infectious cases in the nursing. In such cases a heavier

responsibility rests on the nurse. Above all, the nurse who is entrusted with a serious ophthalmic case needs a good surgical conscience, plus trained intelligence. The world will probably never publish our names as heroes because we have helped to rescue a helpless baby from a fate worse than death, but nevertheless, I feel now, as I did years ago, that the nurse who fights a winning battle with a case of ophthalmia neonatorum such as I have described, well deserves the reward of a hero.

Contagious Diseases of Childhood

C. Herrmann, in *New York Medical Journal*, calls attention to the necessity of knowing how contagious diseases are usually spread, not how they may be occasionally spread. These diseases are spread by persons and not by things. In the vast majority of cases the infection is due to contact either with a recognized or an unrecognized case or a carrier. The spread of contagious disease through the air, through desquamating scales and through healthy third persons, not carriers, seldom occurs, and for practical purposes may be neglected. The disinfection of fomites, rooms, etc., is to a great extent unnecessary, especially since all infected individuals and carriers cannot be controlled. The carrier represents the crux of the problem. This difficulty will probably never be entirely overcome. On account of the existence of carriers, isolation, disinfection, improved medical school inspection and special hospitals alone cannot have a marked influence on the reduction of morbidity. This reduction can be accomplished only by a method of temporary or permanent immunization against these diseases.

Eat Properly and Avoid Indigestion

Make it a point to eat properly. Most cases of indigestion are directly due to carelessness in this respect. Food should be taken regularly. The nearer your meals are scheduled by the clock the better. Late suppers should be avoided. Heavy food should not be taken late at night. Your digestion is least active during the later hours of the day and in the night.

Eat slowly and don't overeat. Chew each mouthful at least a dozen times. A half a meal eaten slowly is better than a whole meal taken in haste. No matter how good the food, even if it be bread and butter, too much of it will cause indigestion.

Most people do not drink enough water. An adult should take at least two and one-half pints in twenty-four hours. Where possible drink water between meals. This is better than to drink great quantities of water during meals.

Wholesome food eaten leisurely and in moderation will maintain your health better than any kind of medicine, especially if your body is well irrigated by pure, fresh water.—*Karl de Schweinitz, M.D., in Journal of Outdoor Life.*

Department of Public Health and Social Service

NEW YORK—The Social Service Bureau of Bellevue and Allied Hospitals has issued its annual report in booklet form for 1912. It is an interesting recital of excellent work done in that busy department. Among other statements as to the plans that have been or are to be followed, is the following regarding a course of training for social service workers.

In order to meet the urgent needs of its own service, as well as to enable us to respond to the many calls from other fields, the Bellevue Social Service Bureau plans to re-open its post-graduate course for nurses. This course will consist of practical work under supervision, with attendance upon the weekly conferences of workers and committees. The time will be divided between the following services: General Welfare, Mental Hygiene, Work with Children, Maternity and Pediatric, Office Work, including Records, and General Executive Work. In the above will be included Home and Ward Visiting for instruction and investigation, visits to Co-operative Agencies and visits to Social Service Departments in other Hospitals.

The New York School of Philanthropy, at 105 East 22d Street, offers at present excellent theoretical courses at its evening sessions. Nurses taking the practical course with us will be strongly urged to make application for this evening course.

There is no fee for the hospital course, the financial expense to the student being that of her own maintenance. The fee for the present evening course in Hospital Social Service in the School of Philanthropy is \$15 for each semester.

The hours of duty in the hospital for students will be from 10 A.M. to 5 P.M., with Sundays, holidays and a half-day during the week off duty. The course is three months. The first two weeks will be considered a probation period. Credit will be given for this time to those accepted for the full course. Only graduate nurses who have had a high school education or its equivalent are eligible, college graduates are especially desired. Personality and general professional experience are factors which will influence the choice of

applicants. A personal interview is always to be desired."

The Department of Health, Division of Child Hygiene, Brooklyn, has issued the following instructions to school nurses:

The following methods will hereafter be used in treating children sent to the nurse by the medical inspector of schools:

Pediculosis—Saturate head and hair with equal parts of kerosene and sweet oil; next day wash with solution of potassium carbonate (one teaspoonful to one quart of water), followed by soap and water.

Favus, Ringworm of Scalp—Scrub with tincture of green soap, cover with flexible collodion. Severe cases: Scrub with tincture of green soap, paint with tincture of iodine and cover with flexible collodion.

Ringworm of Face and Body—Wash with tincture of green soap, and cover with flexible collodion.

Scabies—Scrub with tincture of green soap, apply sulphur ointment.

Impetigo—Remove crusts with tincture of green soap, apply white precipitate ointment.

Molluscum Contagiosum—Express contents, apply tincture of iodine on cotton toothpick probe.

Conjunctivitis—Irrigate with solution of boric acid.

PENNSYLVANIA—A strong plea for an extension of the system of visiting nurses in the public schools of Philadelphia was made in an address delivered at the first fall bi-monthly meeting of the Montgomery County Medical Society by Dr. Albert F. Moxey, supervising school medical inspector of that city. By means of illustrated charts and photographs he showed that in schools with-

out nurses 5.06 days were lost for each pupil afflicted with minor contagious diseases, as compared with .34 per cent. of a day by scholars who were looked after by nurses.

Dr. Moxey said that from January to June nurses made 12,148 visits to schools in Philadelphia, and that they treated 110,000 children in that period. The nurses made 9,046 visits to the homes of parents and took or sent 11,154 children to hospitals or dispensaries for treatment. In addition the nurses held 3,421 consultations in schools and 182,483 at the homes of the pupils.

OHIO—During the past year the Huron Road Hospital, Cleveland, has made arrangements with the Nursing and Public Health Department of the city to supply two pupils from the training school, to serve under a supervisor and visit in homes of dispensary patients. In return the department supplies a head worker during dispensary hours.

VIRGINIA—Encouraged by the success of previous endeavors and the support of the Richmond people, the Instructive Visiting Nurse Association has determined to greatly enlarge the scope of its benevolent activities by opening a branch of the Nurses' Settlement at 21 South Beech Street. The Beech Street Branch, which is under the strict supervision of the Central Nurses' Settlement, at 223 South Cherry Street, was opened on October 1. It will be the gathering ground for settlement workers and nurses in that particular section of the city, and is expected to greatly facilitate the work of the association in ministering to the sick of the city.

WASHINGTON—A bill has been passed by the Washington Legislature which contains a provision whereby county commissioners may employ visiting nurses for service in town or country alike. In reporting the State Tuberculosis Convention at Tacoma *Welfare* comments on this as follows:

House to house work of the nurses among those suffering from tuberculosis in the cities has long

been recognized as the surest and most essential element in beginning a campaign, and there is no reason to doubt that it will prove equally efficient in the country. A realistic sketch of the ups and downs and the final success of pioneer visiting nurse work in a country district was given by Miss Laura A. Hurd, secretary of the Skagit County League. For one thing, money was hard to get. "The most sensitive and yet the hardest muscle in the human anatomy to relax is the pocket muscle, though once relaxed it is not so difficult to secure the desired effect another time." Criticism was encountered, also, concerning which the cheerful view was taken that it gives spice to the work and helps correct mistakes. The co-operation of health authorities was pretty generally secured. In ten months ninety-six cases were located and traced, these, however, not being all that were supposed to exist.

This county is about twenty-five by sixty-five miles in extent, with a population of something above 16,000. To seek out and care for nearly a hundred patients scattered over such a territory, and with scant transportation, exhibits work of a high order of persistence.

The report declares, and with reason, that "the small amount needed to finance the proposition makes it the best investment the county has ever made." Windows nailed up for eighteen years are being opened to the air. People who once thought night air poisonous are now sleeping out-of-doors. Instructions are given against infection. The gospel of cleanliness, proper nourishment, pure food, sanitation and personal hygiene is spreading abroad. The newspapers cordially support the propaganda.

CALIFORNIA—The petition of the California State Nurses' Association for the establishment here of a bureau of municipal nursing has been disapproved by the board of health, which states that the proposed commission of five members to handle this bureau would be an unnecessary duplication, as the board of health can itself attend to all such matters.

The suggested scheme would disturb present methods and interfere with the efficiency of the institutions at which nurses are employed, the board says, while the expense to the city would be increased. The board observes also that the plan as submitted contravenes the civil service regulations.

Editorially Speaking

The Typhoid Battle

Some years ago a very well-known nurse made an appeal to nurses to fit themselves for other branches of nursing rather than private duty, on the ground that in a few years, ten or so, there would be little need for nursing in the home. She said that epidemics would be unknown, and sickness generally would be decreased to a minimum.

This prophesy has fallen very far short of fulfilment up to the present time, for each year we have had epidemics of more or less magnitude in different parts of our country, and even the great city of New York, with all its wonderful health machinery, has not escaped. While the typhoid epidemic which has visited a portion of the East Side of New York City recently has not been such as to cause general alarm, it has been sufficiently important to cause us to do considerable thinking, and to ask ourselves many pertinent questions.

In "The Evolution of Modern Medicine," by Sir William Osler, published by the Yale University Press, the author traces the progress of healers from prehistoric times until the present. In modern times he notes particularly the progress in sanitation, citing the blotting out of yellow fever and the work at Panama as the most notable examples.

In regard to typhoid fever, he says:

"A nation of contradictions and paradoxes—a clean people, by whom personal hygiene is carefully cultivated, but it has displayed in matters of public sanitation a carelessness simply criminal; a sensible people, among whom education is more widely diffused than in any other country,

supinely acquiesces in conditions often shameful beyond expression. The solution of the problem is not difficult. What has been done elsewhere can be done here. It is not so much in the cities, though here, too, the death-rate is still high, but in the smaller towns and rural districts, in many of which the sanitary conditions are still those of the Middle Ages. There is no question but that the public is awakening, but many State boards of health need more efficient organization and larger appropriations. Others are models, and it is not for lack of example that the rest lag behind. The health officers should have special training in sanitary science, and training courses should be given in the medical schools, leading to diplomas in public health. Were the health of the people made a question of public and not a matter of party policy, only a skilled expert could be appointed as a public health officer, not, as is now so often the case, the man with the political pull."

In line with Sir William Osler's suggestions, Harvard University and the Massachusetts School of Technology are to maintain a school for public health officers, mention of which was made in our October number.

In connection with the typhoid epidemic in New York, Dr. Lederle, head of the Department of Health, has advocated the compulsory use of typhoid vaccination among school children. Even admitting everything Dr. Lederle advances in favor of this, the consensus of opinion seems to be that it would not be advisable at present to talk of making it obligatory. It is believed by many that careful supervision of the milk supply is a more promising enterprise than

compulsory vaccination for typhoid where children are concerned.

We are undoubtedly making progress in public health matters, but notwithstanding this, all signs point to the fact that the present generation will need all the efficient trained nurses in the homes that our training schools can produce. We strongly advise the nurse to fit herself for the real care of the sick, for there will still be many needing her care in the years to come.



Lest We Forget

The twelfth annual meeting of the New York State Nurses' Association was held October 15 and 16, at Niagara Falls. Delegates were requested to come prepared to vote on the question of presenting to the Legislature of 1914 an amendment to the Public Health Law, defining who may practise as a nurse, and retaining the control of the educational standards of the schools of nursing by the Regents of the University of the State of New York, and the present method of appointing the Board of Nurse Examiners.

In announcing this meeting, one of our daily newspapers published at the same time an interview with a nurse, who for some time past has been more or less prominent in nursing affairs, in which she strongly advocated the monopoly of the word *nurse* by the hospital graduate, and the other requirements contained in the Seeley Bill, which was defeated at the last session of the New York Legislature.

We were particularly interested in this interview, because not more than a week previous to its publication, our attention had been called to a series of letters from this same nurse, in which she criticized most severely New York State laws for the registration of nurses, and the methods of those who were responsible for them. She stated that they were doing untold harm to trained nurses in general,

and predicted that unless there was a change the time was not far distant when trained nurses would be employed for important surgical cases only, as the average family would not employ them, even when able to afford their services, because of prejudices. She believed the leaders in New York State registration matters were in a large degree responsible for the prejudices.

Why then this change of heart? Why this seeming lack of consistency? Emerson says: "With consistency a great soul has simply nothing to do. . . . Speak what you think today in words as hard as cannon balls, and tomorrow speak what tomorrow thinks, in hard words again, though it contradict everything you said today." Now these words of wisdom may be true, if this change of heart has been brought about by earnest thought and honest conviction. But suppose this is not so—suppose that it can be shown that the change is due to an absolutely selfish motive—to personal ambition, for instance, can we then place any value on the opinions expressed? We think not.

A number of fine women have started out to take part in nursing affairs, armed with convictions and plenty of them, and an honest desire to stand by the right, but they have failed to remember that "no chain is stronger than its weakest link," and they have failed to reckon with that latent spark of personal ambition which was slumbering in their breasts. The leaders in nursing politics are quick to recognize ability in the enemy, and always try first to win it over, before resorting to other methods. The bait which is dangled alluringly before the eye of the possible victim is an office in some nursing organization, and, sad to say, this is the rock on which principles are sometimes shipwrecked. We have in mind several fine women who have sold their birthrights for this mess of pottage. In nursing politics as in other politics, the offices are in the hands of the bosses, so if your soul craves the exalted honor of being a president or

even a secretary of a nursing organization, you must dance at the crack of the whip, even though it means the sacrifice of principle and honest conviction. As the nurse in question is and has been a candidate for office, we do not take seriously the sentiments expressed in the interview to which we have referred, but believe that her real sentiments were expressed in the letters from which we have quoted.

To turn for a moment to the interview, it is stated that "today any woman can call herself nurse and as such can undertake the care of the sick." We would remind our friend in this connection that the commander of the great ship *Imperator*, who when he crosses the Atlantic has in his safe-keeping as many human souls as would form the population of some of our towns and villages, is called "*captain*," and that the man who runs a little oyster boat down the bay is also called *captain*. The great astronomer, Simon Newcome, was called *professor*; so is the gentleman who teaches the latest steps in tango and turkey trot dancing; yet up to the present time no one has sought legislation to prevent the use of these common English words.

If the graduate hospital nurse wants a title to distinguish her from others, by all means let her have it. But let her be big enough and fair enough to adopt a new title to which she can establish a just claim, and not try to appropriate something to which she has no rightful claim to monopoly, something which is older than trained nursing; in fact, almost as old as the world itself.



The Universal Standard of Efficiency

It sounds fine and important to be advocating a "universal standard of efficiency for all nurses and every nurse registered." Anything that is *universal*, however, is a good-sized contract to undertake, and the people who have the "universal outlook" are often very poor at the details of which human life

is made up. Venturing into the field of prophecy—a perfectly safe venture, since no one can positively contradict—we predict that at least another hundred years of history will have been made before the universal standard of nursing efficiency is adopted, even in America, where we move pretty fast sometimes.

With the idea of every nurse being licensed and made to prove that she knows at least "a little something" about the work for which she is being paid, we are in hearty sympathy—given a licensing body that is truly representative, and given fair conditions all around.

But did you ever stop to think the thing through—you nurses who are applauding the beautiful theory of "one universal standard of efficiency, and every nurse registered"—did you ever stop to probe clear down to the bottom and see just what is included in the slogan?

When you are advocating one standard of efficiency and no one allowed to be called "nurse" who does not comply with your standard, you are not advocating better care for the sick of all classes—far from it; you are advocating the creating of a monopoly; you are advocating the creating of an aristocracy in the nursing body which, while refusing to do all or nearly all the nursing needed, yet is also practically refusing to have any dealings with the great mass of other workers in the same field. One class of nurses is to be exalted in every possible way; others who are doing nursing are to be humiliated. When you advocate that everybody who is doing nursing shall be called "attendant," or some other equally unpopular term, if they are not registered according to your standard, you are advocating that the thousands of Roman Catholic sisters who toil in hospitals uncomplainingly year after year without compensation shall be denied the right to be called nurse, which has been theirs for centuries, and shall be forced by law to be called "attendant." And you

expect that somehow the public will approve of this move on your part. It never will. The public, Jews and Gentiles, Roman Catholics and Protestants, will fight that demand of yours in every country in the world. Few of the Roman Catholic sisters are registered, yet they care for the sick with a devotion which the world has seldom or never seen equaled.

You are advocating, when you advocate one universal standard for every nurse and nobody who has not reached that standard to be called "nurse," that the non-graduate nurses who serve in hospitals of less than a given number of beds—fifty, we believe, in New York—small hospitals serving isolated communities, tuberculosis hospitals, incurable and convalescent homes, maternity, eye and ear, orthopedic, etc., shall be called "attendants," but you do not state just how you are going to bring the doctors and the public generally to comply with your demands. The futility of this attempt at monopoly is so evident, and from our point of view so unintelligent, that it is hard to understand how it was ever attempted.

Better by far that the comparatively few nurses who want this monopoly and want nothing to do with the lower grades of nurses, search for a title that will satisfy their desires for exclusiveness of title, and leave the world-old, generic term with its familiar associations to those caring for the sick who are made of just common, ordinary clay, who are content to serve in the lowest places in the nursing field, or who do not object to rubbing elbows with non-graduate nurses.

The world readily adopts *new* words. Each new dictionary contains words that have been coined as a result of necessity. It will probably not be averse to adopting a *new* term for the very exclusive class who are doing nursing, but it will very vigorously refuse to be dictated to as to how and when the old terms are to be used. Whatever may be done in this direction, we may

rest assured that those who do nursing or care for the sick—of whatever class—will be called nurses by the doctors, by the patients and the public—who furnish the demand for nursing service and pay the bills. Why allow people to do nursing at all, and at the same time try to prevent them being called nurses?



Our Thanksgiving Number

We believe we have seldom presented to our readers so bountiful a magazine as the current November number. Every article is of such excellence that we wish we might give it special editorial mention; but space will not allow of this. We cannot, however, pass without a word of comment, Miss Mary Allen's very helpful article, "A Nursing Problem." This article was written in response to our editorial in the September number, and though Miss Allen was nursing a critical case at the time, she felt the subject of such great importance that she desired to contribute her share to the campaign, even if she had to do so in the face of great personal inconvenience. We wish to thank Miss Allen for her response to our request.



The Conservation of Human Energy

Beginning with the December number, we expect to publish a valuable series of papers on "The Conservation of Human Energy in Hospitals"—a subject which is of practical interest to every hospital superintendent and every nurse. The author of the series, Miss Minnie Goodnow, has been making some special studies along this line, and her discussion of the subject of how to save labor, or how to prevent waste of energy in hospitals, will alone prove well worth the subscription price of the magazine for a year. The first article of the series on "How We Waste Energy in Hospitals" should be a real help to every one who has charge of a hospital, or who has the direction of nurses.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Loyalty as a Hospital Asset

During the autumn months of 1913 a great many pupil nurses will receive their first lessons in "ethics"—so-called. The complaint has been made by some medical superintendents that much of the teaching in ethics, so-called, as conducted in their own training school is exceedingly defective, if in many cases it does not amount to the merest drivel. Time-worn platitudes are rolled off, plentifully interspersed with "we should"—always speak the truth, always be honest, always be punctual, etc., till the probationer becomes wearied if not nauseated with the repetition of "we shoulds" that are not somehow fitted into the new life she has entered upon—fitted in a way that really impresses her. If the teaching of ethics in many hospitals were a little more virile, a little more practical, and if special emphasis were laid on the very common mistakes which it is necessary to avoid, there might be a better atmosphere in many schools and hospitals. It is easy to teach ethics as though the subject had no special application to everyday life in the hospital. Let our teaching of ethics to nurses be so practical that they will realize that it enters or may enter into every one of the thousand things which together make up the nurse's life, in the hospital first and later in the world outside.

In the teaching of this subject few points are more worthy of emphasis and elaboration than the matter of loyalty, and at no point are young nurses more liable to err. It bears a very close relation to discipline, which we all feel is so important in the making of a nurse. If it be true as some one has aptly said that "maximum power demands maximum discipline," it is equally true that if a high degree of efficiency is attained in a hospital, it must be preceded by and must have as an everyday working principle, that acceptance of contracts for service or for entrance to the institution in any capacity, carries with it the spoken or unspoken pledge of loyalty to the institution. Whether one's term of service or residence be long or short, with or in an institution, it is better for the worker and for the hospital that all workers should be loyal rather than disloyal.

What does loyalty to an institution mean? Does it mean to shut one's eyes to all the defects or short-comings of the institution and its management? By no means. No institution is perfect. Some are far from it. In most institutions *constructive* fault-finding, which really means suggesting a better way of doing some one thing will be welcomed if given in the right spirit to the right person at the right time. It should always be remembered that the viewpoint of each worker is limited—confined, as a rule, to one department. Few, if any, of the workers, even those of long experience, are able to take their place at the central point of an institution and see the whole of its working, as does the capable superintendent. He often sees things which are not to his satisfaction, yet which he may not be able at the time to remedy. Some of the wisest and best superintendents are so glad to receive suggestions for making the work in any department run more smoothly that they are offering prizes for practical plans or ideas that will tend to promote economy or efficiency.

What does it mean for a nurse or a worker to be loyal? It means that she observes the rules and regulations which have been made, with a view to the comfort and welfare of all concerned. Some regulations entail inconvenience to almost every one at some time, for instance, the regulations about the hours when nurses must be in the home at night, and when lights in sleeping-rooms must be out. Yet every nurse knows that such a rule is a protection to nurses in numerous ways. Loyalty includes much that may be called discipline. It means submitting to the will of those placed in authority, whether she likes or dislikes them, submitting even when her soul rebels, and then refraining from protesting to others about it afterwards.

Many nurses who would be scrupulously careful and honest about caring for the property of a private individual, think it no harm to appropriate for their own use or to carelessly waste or misuse the supplies and utensils provided by the hospital corporation. Wastefulness or the habit of being careful reflects a good deal concerning the

character of an individual, and the very habit of wastefulness may prevent a nurse later on from getting a position which she desires. Apart from her daily work, it is well for nurses to remember that they are making their own reputations, which are going to count in the great world outside when training school days are over.

The disloyal nurse, or the nurse who constantly grumbles is one whom no institution can afford to keep. Very often the nurse who is an habitual grumbler and never quite happy in the institutional life, fails to realize that the authorities of the institution have quite serious reasons for wanting to get rid of her, that they are tolerating her presence and impatiently longing for the opportune time to come to get rid of her. It is well for probationers and nurses to realize at the outset that it is no part of their duty to reform the institution, however much they may think reform is needed.

The best way to instill the spirit of loyalty in an institution is by having head nurses and others in supervisory positions who are thoroughly loyal and who will teach it quietly and radiate it constantly. Happy is the institution which has been able to build up a loyal, efficient, harmonious working corps. It usually takes a few years to do this, but it can be and is being done. Such a working force is as a tower of strength to any institution. It never comes into existence by chance and never, or very very rarely, by the board members arbitrarily ignoring the superintendent and filling vacancies without consulting her (or him). It means a careful study of personality, which cannot be made by perusing letters of recommendation. It means *knowing* your candidate's personal habits, his weaknesses and strong points. The institution in which loyalty has been highly developed and in which it is a real asset to the hospital is, as a rule, the institution in which the superintendent is given full authority to build up a working staff, rejecting those workers who are not well fitted for the place, whether by temperament or capacity, and retaining those whose presence in the institution is a source of strength and conducive to harmony and general welfare. Where such an institution is found, be it small or large, it has in it elements of strength that are more valuable than money, for real loyalty is rarely purchasable with money.



The Training of Male Nurses

Within the past year or two the Boston City Hospital has inaugurated a training school for male nurses, and reports the results as so satis-

factory that it is to be continued. In view of the fact that such men quite readily secure work, and that in large cities especially there is a steady demand for male nurses, it is difficult to see why more hospitals do not offer such courses.

Questioned as to her success in training male nurses, a Western superintendent writes as follows:

"In reply to your inquiry as to how my plans for male nurses are working out, I am glad to say they are meeting my best expectations. I started the course with two young men. One had been a patient. The other heard of the plan through one of the doctors and came and applied. I have a third one accepted to enter in a few weeks. I do not need more than three at present, though will probably take on another when our new building opens. One is in the men's ward—we always start them there. The other divides his time between the operating and dressing rooms and assists with special duties with male patients in the private rooms. When the third one comes I will have one for special duties with private patients, one in the men's ward and the other to assist in the operating room and dressing rooms.

"They are splendid, faithful fellows. One looks forward to becoming a doctor. We give a two-year course. Their field is more limited than the female nurses. They don't need obstetrics or children's work, and do not expect ever to take charge of an operating room or become head nurses or to do a lot of other things which other nurses do. They are fitting themselves for private duty in a more limited field, and two years is long enough for them to train.

"Their first-year work is just the same as the other nurses' course. The internes give them special instruction in catheterization and in various other matters pertaining specially to male patients. Quite soon after they entered one of the doctors gave them two or three lectures on venereal diseases—enough to teach them to be careful. They will get a fuller course in diseases next year.

"I had them each spend two weeks in the diet kitchen before they were put on regular duty, and they learned to make egg-nogs, albumen water and such fluid foods as are commonly used. They are as neat and handy about their diet work as one could desire.

"You can tell any one who is interested that I am an enthusiast about male nurses and wouldn't want ever to go back to the plan of depending on orderlies. We pay our male nurses \$8 a month the first year and \$10 the second. They do a lot of the heavier work, such as lifting of patients,

carrying mattresses out and in, and save the young women nurses' strength in a lot of different ways.

"I have been told that some hospitals had given up trying to train male nurses, owing to the difficulty of getting the right material. I believe that a little wise advertising and the keeping a sharp lookout all the time for such men will usually find enough, for no hospital needs very many of them."



Hot Suppers for Night Nurses

The problem of how to serve hot suppers for night nurses is one that presents itself in every hospital, be it large or small. Where the hospital is large enough to warrant the employment of a night cook, the matter is, of course, managed with less difficulty than in the smaller hospital, where the number of workers on duty at night numbers but a half dozen or less, and where, if a hot meal is obtained, a nurse must leave her ward or corridor to prepare it. Yet we all concede the desirability of serving a hot supper around midnight, if it can be done.

The fireless cooker gas stove may help some superintendents to satisfactorily meet this problem in the future. Quite recently the editor of this department visited a new, up-to-date hospital kitchen, where one of these fireless cooker gas stoves is installed, and utilized for the benefit of the night staff chiefly, though it is easily seen that numerous uses could be found for it in any hospital kitchen, aside from its value in solving the hot night supper problem.

In appearance the fireless cooker gas stove resembles any other gas range, save for the one or more hoods at the back of the top of the stove, which serve to retain the heat and continue the cooking of vegetables and other foods cooked on top of the stove after the gas has been turned off.

In the hospital kitchen referred to, the food for the night supper is prepared by the day kitchen force. Vegetables are prepared and the cooking started, the gas turned off when boiling has begun and the hood swung over the cooking vessels. If a roast of meat is to be served hot to the night staff, the meat is placed ready for cooking in the oven, which should be hot before the meat is put in. The gas is left burning on an average of about three minutes for each pound of meat, when it is turned off, and the roasting continues, without burning or drying up the food. Bread, cakes, pies and puddings may be baked in the fireless cooker gas range in the same way. The food is left under the hoods on top of the stove, or in the oven, and retains the heat, so that a

hot supper can be put on the table for the night workers with a very few minutes of preparation, and the latest comer need not dread that the food will be cold.

The oven and hoods are lined with monel metal, seven parts nickel and three parts copper. The outside wall is of anti-rust sheet steel. The space between the outside and inside lining is packed with a two-inch course of mineral wool. It is claimed for it that it is so thoroughly insulated that when the oven is red-hot on the inside you can place your hand on the outside and hold it there without danger of burning it.

The ranges are constructed to burn artificial gas, natural gas and gasoline gas.



A Permanent Committee on Hospital Diets

In his report on Hospital Efficiency, Dr. Goldwater is quoted as reporting as one advance step made during the past year in Mt. Sinai Hospital, New York, "the appointment of a permanent committee to supervise all questions in relation to diet and dietetics. This committee consists of a member of the attending staff identified with the medical service, of one connected with the children's service, and of a representative of the laboratory of physiological chemistry. It is the duty of the committee to determine the best food available for patients in the interest of economic administration, to supervise extra and special diets, to outline in accordance with the terms of advancing physiological and pathological knowledge proper forms of special diet adapted to the correction of disturbed metabolic processes, to keep in touch with progress in the science of dietetics in this country as well as abroad, and to select literature on the subject for inclusion in the hospital library."



Hospital Coffee

One of the questions in the question box session of the recent hospital convention—a question to which no reply was offered, was "Who 'queers' the hospital coffee? Is it the dealer, the grinder, the cook or the server, etc.?" Nobody seemed ready with an answer—on the spur of the moment. But afterwards we asked an experienced dietitian to tell us "What is the matter with hospital coffee"—when there is something about it that isn't just satisfactory to coffee lovers. She said that, in the first place, many hospitals buy a poor grade of coffee, and you cannot have a good cup of coffee if the materials used in making it are inferior. In the second place, many cooks

did not allow enough coffee per capita and the result is a weak, insipid article. In the third place the distance between the coffee urn and the patient's bed is often considerable and the coffee reaches the patient cold or lukewarm. Who wants a lukewarm drink of coffee or any other beverage? In the fourth place, she said that no coffee is really first-class without cream, and cream is one of the luxuries not usually supplied freely in hospitals.

Without doubt, if the first three points are given careful consideration and are made right, the lack of cream will not prevent the hospital serving a good grade of the beverage to its patients and workers.

We are promised an article or two on making and serving tea and coffee in hospitals, for our January number.



Physicians and the Free Bed Fund

A physician recently set forth an interesting opinion of how unendowed hospitals could increase their free bed fund. He stated as his belief that no doctor had a right to make a dollar off any hospital; that all patients, rich or poor, who came to the hospital without a physician were hospital property from a professional standpoint; that it was absolutely unfair and ridiculous that a doctor who had never seen a patient till she was handed over to him by the hospital superintendent, should pocket a \$300 or \$100 fee, while the hospital provided board, room, nursing, medicine, appliances, surgical dressings, etc., for \$50 or less. His proposition was that all fees collected by physicians from patients placed under their care should be turned back to the hospital for the free-bed fund. The staff doctors who treated the pay cases should have the right to send in free patients for treatment. This physician claimed that an institution that maintained a modern hospital equipment, competent nursing and service for his own patients of varying means, supplying him with the facilities for his work with his own patients, and his clientele with the service needed to procure the best results, deserves at least the money received from the pay patients which the hospital attracted to itself.

The above plan may not be feasible, but it is worthy of consideration. It might be difficult to get physicians to agree to such a rule in many hospitals, yet the injustice of having a physician send a bill for \$300 to a patient whom he never saw or heard of till the hospital turned her over to him for treatment, while the hospital cared for her for two weeks, providing nursing, drugs, board, etc., for \$35, is a serious and frequent one.

It occurs because a hospital with an inexperienced board made a wrong start. How to correct such a condition is the question.



Occupations for Convalescents

The average general hospital, dealing with acutely ill patients only, has little need to consider the subject of occupations for convalescents, for the patients are hurried out of the hospital to make room for others before convalescence has more than just begun. But there are in the country each year large numbers of patients to whom convalescence is a slow, tedious period. Especially is this the case where the nervous element enters largely into the condition. Then there is the army of chronic patients whose ill-health extends over years, who often take keen delight in learning to do some new thing. The value of suitable occupation as a therapeutic agent has been established in numerous institutions.

One of the institutions which has seriously undertaken to secure for its patients the benefits to be derived from carefully selected and graded occupation is the Clifton Springs Sanitarium. In the initial number of the Clifton Medical Bulletin (April, 1913) Miss Mary Irving Husted, director of the industrial department at the Clifton Sanatorium, writes entertainingly of what has been done in that direction at Clifton Springs and elsewhere. There are two classes of patients especially to whom the opportunity for light work is a boon. Surgical patients who are so far convalescent that they no longer need the constant attendance of a nurse, have many weary hours whose tedium is greatly relieved by the following of a handicraft such as basket weaving, which gives an outlet for the imagination in varying the patterns and puts no strain on the eyes. Chronic invalids, also, whose confinement to bed for weeks at a time is most wearisome, find relief and entertainment in the same or a like occupation. Those able to leave the bed are taught leather carving or rug weaving. These handicrafts not only give occupation for the hands, but also direct the thoughts and keep the mind from dwelling unprofitably or injuriously on the physical condition. The department at Clifton Springs was opened in December of last year, and already, Miss Husted says, the good effects upon the physical and mental condition of the patients have been most gratifying.



Hospital Photography

The production of the annual report furnishes one of the annually recurring problems in the

hospital. How to make it give the desired information and in such a way that it will not promptly be tossed into the waste basket of the benevolent individual on whose eye and heart it is desired to make an impression—this is one of the problems that remains unsolved in the majority of hospitals.

In order to add to its attractiveness the photograph is being more widely used each year. But there are photographs—and photographs. Have you ever really studied how to make the camera help the hospital? Is there really anything inspiring in a row of empty hospital beds—any more? The picture that interests, that is worth while in a hospital report, is the “human interest” picture. If you are interested in the question of how to make your annual report attractive, send for a copy of the report of the Hospital for Sick Children, Toronto, or the Rhode Island Hospital, Providence. There are numerous others which we might mention which are well worth studying for the “human interest” feature of the report.



If You Were Building Again

We all admit that it is easier to see mistakes after they have been made than before one makes them. Did you ever realize that the mistakes you have made in planning your hospital have a real value for others? They have if you will but make them known. It is probably true that no hospital has yet been erected which might not have been improved upon. Sometimes immediately a new building is occupied we begin to see that this, that and the other thing might have been improved upon. As a nurse working in a hospital, what changes in the building would you have made, if you could? Write the editor of this department about mistakes in hospital building that you have made, seen or suffered from—for nurses suffer more from a badly planned hospital than any other class of people.



Notes and News

Work on the new addition to the Hackensack Hospital, Hackensack, N. J., has begun. This addition is to be a three-story building for maternity cases. It will cost in the neighborhood of \$25,000.

An interne is needed for the Presbyterian Hospital at San Juan, Porto Rico. The hospital consists of five buildings. It has a record of 12,262 patients treated in a year and maintains a training class for native nurses, having an enrollment of eighteen. The term of service is two years. For particulars address Mr. Wilbert B. Smith, 600 Lexington Avenue, New York City.

At a meeting of the board of directors of the Mount Sinai Hospital it was decided that all members of the house staff, nurses, orderlies, laundresses and attendants must submit to immunization by means of typhoid vaccine. For the last few years the nurses have been asked to submit to the procedure voluntarily, but only few have done so. It is now compulsory for all the hospital attendants.

At Milwaukee, Wis., the Good Samaritan Hospital Association has inaugurated a campaign to raise \$100,000 with which to build a new hospital. According to present plans, the building will be four stories high and 65 x 75 feet in dimensions, on a lot 80 x 140 feet. Provision will be made for 125 beds, 105 more than the present institution has. There will be four operating rooms, including an obstetrical delivery room—an innovation in Milwaukee hospitals—and an X-ray operating room, completely equipped with the latest instruments. Good Samaritan Hospital was opened December 1, 1912, as an emergency industrial institution. It is conducted on a novel insurance plan by which members of the association, by the payment of 1 cent per day, are given hospital and medical service in case of accident or illness. An interesting feature of the scheme, and one which, it is claimed, makes it an improvement even upon the Wisconsin workmen's indemnity act, is that by the payment of his penny a day the member of the association is entitled to the benefits of his membership at any hour of the day or night, whether he be injured or become ill during working hours or in his home.

A Methodist hospital under the fostering care of the Dakota conference is to be erected at Brookings, S. D. Miss Eleanor Moore, of Chicago, will be in charge.

Mrs. E. H. Ward, for fifteen years superintendent of the Jamaica (N. Y.) Hospital, has tendered her resignation, to take effect December 1.

Within the past year Cooper Hospital at Camden, N. J., has added to its facilities by the erection of a new building for out-patients and private patients, at a cost (including equipment) of \$67,992.49.

A new hospital is being promoted at Wilkesbarre, Pa., for public and private use. It will be under the supervision of Edward T. Kilcoyne, who formerly managed the Wilkesbarre, private hospital.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Comfort of the Sick Baby

To the Editor of The Trained Nurse:

I wish to make a plea for the poor sick babies who drift into our hospital wards, who not only need the careful fulfilment of the doctor's orders, but much in the way of comfort. It has been said that "filling in the chinks" plays a large part in good nursing. I know of no place in a nurse's work where this can be better applied than in the care of sick babies, who cannot speak and make known their discomforts.

I know of many good, faithful nurses who will carry out the doctor's orders to the last letter, yet fail to notice when an emaciated baby is being chilled by a draught. A careful nurse will watch for changes of temperature and will protect her baby patient accordingly. Windows should be closed so as not to expose the baby to a draught when being bathed. Babies become very tired from lying in one position long, just as adults do, and should be turned from side to side frequently; so the tired little muscles may be given a rest. One fault common among nurses is the failure to protect a baby's chest and shoulders when the weather grows cool. One rarely finds the blanket tucked in around the neck and shoulders of an infant. Most nurses will make up the bed beautifully (with no thought of the comfort of the occupant), tuck the covering in carefully at the foot, with the blanket in most cases coming about half way up over the body. From personal experience in waking up and feeling uncomfortable for want of the proper amount of covering, I can in a small way understand how miserable a feeble child may feel in a similar position and not be able to ask to have his blankets drawn up and tucked in. Babies having high temperatures frequently have very cold feet and all too often this fact remains unnoticed by the nurse, or, if noticed, is taken as a matter of course, and no attempt is made to give comfort by wrapping the feet in a warm blanket or placing a hot water bottle near (*not under*) them.

Another source of discomfort is in the collapsing of nipples. I have seen babies sucking on

nipples which have collapsed. No need to say how much harm was done to the patient. Nipples will seldom collapse if they are drawn tightly around the neck of the bottle when first put on, unless they have grown too soft from constant boiling, and when so should be replaced by new ones. Young babies and very sick ones are slow feeders, and the contents of the bottle need to be warmed several times during feeding, for babies, much the same as grown people, dislike food given to them cold when it should be warm.

Very sick babies, particularly pneumonia cases, should be moved as little as possible, and all bathing, changing of clothing and giving of treatment may be done in bed, just as in the care of adult patients. It seems almost needless to say that the utmost quiet is necessary when caring for infants, and that all jarring and sudden noises should be avoided. Many nurses carry the sick baby in an upright position instead of in the recumbent one. The same nurses would shrink from putting an adult patient in an upright posture without the doctor's orders.

Thus to sum up a few things which will give comfort to the poor sick baby:

See to it that the patient, particularly the sub-normal baby, is clothed to suit the temperature of the weather.

Change the position frequently.

Have the bed coverings arranged so as to keep the patient warm from chest to feet in cool weather.

Consider the baby from an adult standpoint. Put yourself in his place and remember that a wrinkled rubber sheet or slip feels even more uncomfortable to a baby's tender flesh than to the grown-up's.

When babies who are recently fed and dry clothed cry, look for a reason, as babies who are apparently comfortable seldom fret without a cause.

In conclusion, I would say look well to the sick baby's comfort, for after all, good nursing means giving comfort as well as medicine, nourishment and treatment to the baby patient.

MARY ADELAIDE O'NEILL, R.N.

The California Law

To the Editor of The Trained Nurse:

How very far from the ideal nurse must the nurse be who trains under the eight-hour law. She should enter into the work for the love of the good that can be done in lessening the weariness of pain and misery with which she comes in contact. How can she realize the importance and seriousness of her work when she knows that when a certain hour comes she must leave what she is doing and go off duty, because it is a law of the State of California that no matter what work she is doing, what suffering she is alleviating, what grief she is trying to solace, what little child she is comforting, what serious work she may be assisting at, she must go. Yet in Section I of this eight-hour law there is this clause: "Provided, however that the provisions of this section in relation to hours of employment shall not apply to nor affect the harvesting, curing, canning or drying of any variety of perishable fruit or vegetable!" There is no provision made for the meeting of emergencies by the nurse in training; it makes no difference if some poor sufferer is in trouble, grief, pain or near death, the nurse must go because the law of the State of California decrees it so, but the perishable fruit and vegetables must be saved from spoiling.

Does this clause alone not prove that labor laws should have no control whatever over the profession of nursing? It deprives many a poor patient the services of a special pupil nurse, which services were frequently given by the hospital and no charge made. It took women with the highest ideals of life to place nursing where it stands today, and bring the training school to its present standard. Is it not then deplorable that a state can pass a law to shatter these ideals and bring nursing down to a level with trade and make it other than a profession?

I am not in favor of the pupil nurses working more than an average day, but taking all into consideration, the average pupil nurse worked or was on actual duty in the hospital under the old regime little more than nine hours. She had her time for meals, her hours off duty, her half days weekly and frequently a day to herself. Also, when work was slack, from one to two days were allowed her to go home. She had her two weeks' vacation yearly, which was often extended to more. Her days of illness were taken care of; she was allowed two weeks' free care in the hospital when necessary. She had the privilege of being on special duty in the hospital, and in that way alone can a nurse watch and carefully study a serious case of pneumonia, typhoid, or any

other disease. In that way and no other can she watch the different symptoms that must arise in the course of all diseases. She had always her senior and head nurse to appeal to in any emergency and direct her what to do. Now she must go out in the nursing world at the end of three years and take care of any case she may be called on, without this valuable experience. She must be ready to remain on duty with her patient twenty-four hours, often more. Is she ready? Is she trained to stand the long hours of watchfulness by the bedside during the slow, quiet hours of night, and the long day hours, snatching her rest and sleep only when time and circumstances permit. No, far from it; her three years has been spent at only eight-hour work. She is not capable of working more. She does not know how and undoubtedly the time will come when the nurse trained under the eight-hour law will prove to the laity that she is not capable of doing the work of a graduate nurse. She has not had the training nor the experience, nor had the example of unselfishness, and she will not be the woman with the ideals that a nurse should have.

ETHEL B. DAVIE, Supt. of Nurses,
St. Winifred's Hospital,
San Francisco, Cal.



In Western Canada

To the Editor of The Trained Nurse:

I was greatly interested in the letter from Jean McLean on "Homesteading in Canada." It is to the credit of Canada that the law which prevented women from securing a homestead in western Canada has been abolished and that women, yes, nurses, may secure a farm in that country if they meet the same requirements as men. A friend of mine called my attention to this letter from a trained nurse in western Canada, and I thought I would send it along. It is taken from an English magazine for nurses.

"We are starting a hospital on a very small scale here, just four beds. The whole house has only four rooms—two for patients, a kitchen and a bed-sitting-room for myself. The ladies have formed a hospital aid to help buy linen and other needful things; they give ten-cent teas and ice-cream socials at each lady's house, in turn, and the men have paid for the place cleaning and repairing. It is painted all through, both walls and ceilings; one ward is all white and the other pale green and white; they look very dainty. I have only been here three weeks, and have had one maternity case, and have two others in now. The Anglican, Roman Catholic, Presbyterian and

Methodist Churches have each given a bed, but we need quite a number of things yet. I charge two dollars a day and board and nurse the patients. It is too soon to say much about it yet, but the doctor is very enthusiastic, and I do hope that it will go all right."

Success to Jean McLean. May we hear from her again. IOWA.



Applying Spinal Stupes

To the Editor of The Trained Nurse:

Quite recently I had a neurasthenic patient for whom spinal stupes were ordered. Though I had been taught while in training and through the text books how to apply stupes, compresses and fomentations, I had never before been ordered to apply spinal stupes, and did not feel quite sure how to go about it. Wishing to be absolutely correct in my methods, I made inquiry and obtained what I believe to be accurate and authoritative information. Thinking it may help some other nurse in a similar situation I pass it on.

The patient lies flat on the stomach, with shoulders slightly elevated with a pillow. Take four thicknesses of flannel, fold in a rather narrow strip and wring out of very hot water and apply to the spine three times, leaving on three minutes each time. Each application of the stupe is followed with a spray of ice-cold water for fifteen seconds each time. If any fulness is felt in the head apply a cold compress around the head, across the forehead. H. G. K. Stillwater, Minn.



The Undergraduate

To the Editor of The Trained Nurse:

This is the fourth year I have taken your valuable magazine, and I want to tell you how much I enjoy it. I am particularly interested in the articles on the grading of nurses.

There is one kind of nurse I do not hear much about, that is the *real* under-graduate. Where does she belong? Must she, after many months of training in a hospital, be compared with the practical nurse, who has never seen the inside of a hospital. It seems to me the undergraduate is the one the graduate nurse should protect and look after more carefully, and not allow her to be

put in the class with practical and domestic nurses. May I ask is there no way for the under-graduate to finish her course if she can prove she was not expelled from the training school, but left of her own free will on account of sickness or death in her family and could not go immediately back in training. Must the nurse lose all those months of training and begin over again. Do you think that fair to her?

Could not the law provide for a shorter course for this nurse, if she could show that she had been a successful undergraduate for five years, doing all kinds of nursing. I think it is time that the under-graduate had her due recognition, apart from the untrained domestic nurse.

G. W. M.,
New Jersey.



Nurse—What Does the Word Mean?

To the Editor of The Trained Nurse:

The meaning of the word "nurse" is open to argument. Dictionaries tell us it means "to nourish," "to care for." Therefore the term may be used by a man or a woman who "cares for" or "nurses" the sick, by a maid servant who tends and cares for a little child.

The assumption that only a woman trained in a hospital, registered under state boards and privileged to use R.N. may use the word nurse is absurd. Who for one moment supposes that a busy practitioner will stop to ask the question, "Are you registered?" before engaging a nurse for his sick patient. Do the letters R.N. make the woman a better nurse, or the word attendant make her less efficient?

Look over the list of women who may, by gracious permission of the "powers that be" sign themselves R.N.'s. Scrutinize their work, then take counsel and weed out the chaff. The ranks may close in, as after the charge of cannon on the field of battle, but there will result a "survival of the fittest" rather needed in these days, when the R.N.'s do not know how to make mustard pastes or may tell some eager student that "the tendon Achilles is in the neck" (this was told a pupil by a superintendent of nurses, who signed R.N. to all documents), wake up, my sisters! Let the registration fees go for a while. "Weed out your dead wood."

KATE HILLIARD.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OF POLICY OF THIS MAGAZINE

Spanish-American War News

The fourteenth annual meeting of the Spanish-American War Nurses was held at Gettysburg, Pa., September 15, 16, 17, 18. The entire day of September 16 was spent driving over the battlefield, twenty-two miles, and listening to the description of the three-days' fight of the "high-water mark" of the Civil War.

The day was beautiful, the guide wonderfully competent, and the Society congratulates itself again on a most successful outing.

In the evening Rev. Dr. Bilheimer, professor of Hebrew in the Lutheran Theological Seminary at Gettysburg met with the nurses and told of his reminiscences when as a college boy he responded to the call to repel the enemy from Pennsylvania. How eight hundred boys met an overwhelming force on the outskirts of the town, and fought, fell, were taken prisoners. How he, with some fell back, harassed by cavalry for sixty hours, without food, and then in a hollow square, one hand on bayonet, eat what farmers brought them, while the cavalry looked on, kindly waiting till the boys filled up. Meanwhile the battle raged behind them. Their sweethearts kept to the cellars or cooked for the wounded in the churches.

How he saw and heard Lincoln at the dedication of the cemetery and of the wonderful meeting of the Blue and Gray last summer.

Wednesday was given to business. Thursday was given to sight-seeing on the battlefield, climbing to top of Big Round Top observatory, trying to better comprehend the tactics and strategy of one of the greatest battles of history.

The meeting next year will be in Detroit and in 1915 in San Francisco. Each year the members feel they have gained something more from their association.

The following is an extract from the local paper:

"Representing over four hundred women who were army nurses during the Spanish-American War, the officers and most interested members of their association are meeting in Gettysburg today. Sessions are in progress in the parlors of the Eagle Hotel.

"The nurses now here are located in many different sections of the country, and practically all those who were engaged in nursing during the stirring times of 1898 still follow that occupation, many as Army and Navy nurses, while others are employed by cities or schools and still others are engaged in private nursing.

"The organization is principally for social purposes, though they carry on a beneficial feature in caring for any member who may need assistance. Annual trips are taken to some place of historic interest, and this year Gettysburg was chosen. Trips over the battlefield have been a feature of the nurses' stay here, and they express themselves as highly pleased with their visit to this place.

"All the nurses now in Gettysburg saw active service during the Spanish-American War, either in the mobilization camps or in Cuba, Porto Rico or the Philippines, and they have many stories to tell of their experiences in dealing with fever and the other illnesses which overtook the boys of 1898, or in caring for those who were wounded.

"It is one of the most interesting bodies of visitors Gettysburg has had for many years, and at the same time one of the most modest, the ladies being most reticent about giving any facts concerning their organization, though they delight in telling their recollections of 'war times.'"

The officers elected are: President, Miss Mary J. McCloud; recording secretary, Miss Rose M. Heavren; corresponding secretary, Miss Rebecca Jackson; treasurer, Miss Anna M. Charlton.



New York

The twelfth annual meeting of the New York State Nurses' Association was held at Niagara Falls October 15 and 16. Report will appear in next issue.

The graduating exercises of the City Hospital Training School were held Thursday, October 23, at 4 P.M., at the Nurses' Home, Blackwell's Island.



GRADUATING CLASS, SOUTH HIGHLAND INFIRMARY, BIRMINGHAM, ALABAMA

The Alumnae Association of the City Hospital Training School for Nurses gave a Dance to the graduating class, on Wednesday evening, October 1, at the Nurses' Home, Blackwell's island.

The annual council of the Guild of St. Barnabas for Nurses was held in New York, October, 6 and 7, 1913, with the following order of exercises. October 6—4:30 P.M. Meeting of secretaries, Mrs. Potter's, 591 Park avenue. 8 P.M. Opening service, Church of the Heavenly Rest. Addresses by Rt. Rev. F. S. Spaulding, D.D., Rt. Rev. E. W. Osborne, D.D. 9:30 P.M. Reception, Parish House of the Church of the Heavenly Rest. Informal conference. The Welfare of the Guild. October 7, 8 A. M. early celebration, Church of the Heavenly Rest. 8:45 A.M. breakfast. Parish House of the Church of the Heavenly Rest. 10 A.M. business session. 1 P.M. luncheon. 2 P.M., business session. 4 P.M. tea at Central Club for Nurses.

The Nurses' Alumnae Association of St. Joseph's Hospital School for Nurses, Far Rockaway, N. Y., called a special meeting on Tuesday, Sep-

tember 30, at which the following resolutions were unanimously adopted:

WHEREAS, It has pleased God to remove from us our beloved member, Miss M. A. O'Malley, be it

RESOLVED, That we, the members of the Nurses' Alumnae Association of St. Joseph's Hospital, having lost a valued friend and sister nurse, extend to the bereaved family our heartfelt sympathy, and be it further

RESOLVED, That a copy of these resolutions be sent to the family of our deceased member, to the TRAINED NURSE, the *American Journal of Nursing*, and recorded in the minutes of our next meeting.

†

In the Holy Land

Miss Eva Leon Gottheil, a sister of Richard Gottheil, professor of Semitic Languages at Columbia University, has returned to America, after having spent eight months in Jerusalem organizing a settlement of American nurses for district work among the poor and founding a household school, in which the girls of Jerusalem are being taught domestic science.

Miss Gottheil was chosen to oversee the organ-

ization of the settlement and school, because in addition to French, English, German and Italian she speaks Arabic and Spanish, the main languages used in Jerusalem.

"The idea for both institutions originated with the Hadassah Chapter of the Society of American Daughters of Zion," she said, "and the financial assistance necessary to the successful completion of the projects was given by Nathan Straus."



Pennsylvania

The eleventh annual convention of the Graduate Nurses' Association of the State of Pennsylvania will be held on Wednesday, Thursday and Friday, November 12, 13 and 14, 1913, in Thompson Hall College of Physicians, Twenty-second above Market Street, Philadelphia, Pa.

The opening session will be at two o'clock on Wednesday afternoon. Mrs. Blankenburg, the wife of the Mayor of Philadelphia will make the address of welcome.

Registration of members will begin at 12:45 p.m. and the Treasurer will also be there at that same hour to receive dues from those desiring to pay them.

We hope to have papers and reports on Naval Nursing, Vocational Education, Red Cross and many other subjects of interest to the Nurse.

There will be a Red Cross Meeting on Wednesday evening which we hope will be largely attended. The place of this meeting will be decided upon later.

Rooms may be had at The Rittenhouse, Twenty-second and Chestnut Street.

European Plan: Single—\$1.50 to \$2.50; with bath \$2.00 to \$3.00. Double—\$2.50 to \$3.50; with bath \$3.00 to \$4.00.

American Plan: Single—\$4.00 to \$5.00; with bath \$4.50 to \$5.50. Double—\$7.50 to \$8.50; with bath \$8.00 to \$9.00.

Philadelphia Club for Graduate Nurses, 1520 Arch Street, Philadelphia. Bed per night, 75c for two nights, 50c per night after.

Meals—Breakfast, 25c, Lunch, 25c, Dinner, 40c.

It is greatly to be desired that the nurses will show their appreciation of the efforts made to make the meeting successful by turning out in goodly numbers to all of the sessions.

All of the meetings are open meetings and the public, as well as the nurses, may be assured of a cordial welcome.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-In Charity Hospital was held at the hospital on Thursday

afternoon, October 2, at three o'clock, with the president, Miss Miriam Wright, presiding. There were fifteen members present, and two honorary members.

The deaths of two members were reported, namely, Mrs. Mary McLellan (nee Moffett) and Mrs. Elizabeth M. Springer.

The Drexel-Biddle Bible Class will be resumed on Thursday, October 23, and will continue every Thursday evening during the winter, under the leadership of Miss Mockett.



New Jersey

Miss Lillian Dale Atkinson, superintendent of the Tuberculosis Hospital, Trenton, has been dismissed by the city commission.

Miss Atkinson instigated the publication of an article attacking City Commissioner George La Barre and other commissioners and was charged with insubordination. She admitted the offense.

Mayor Donnelly was the only commissioner to vote for Miss Atkinson's retention. Commissioner La Barre recently accused Mayor Donnelly of being behind the dismissed superintendent in her attack upon the commissioners, and the mayor admitted in public meeting that he gave to the press the letter written by Miss Atkinson.

Miss Atkinson called attention to the deplorable conditions at the hospital, and cited three cases of infection among the nurses. The nurses were all in sympathy with Miss Atkinson's action and threatened to leave the institution in spite of Miss Atkinson's request that they remain.



West Virginia

Cook Hospital and Training School Company was established October 22, 1899, and was under the supervision of Dr. John R. Cook until his death, November 9, 1908. Since that time it has been supervised by J. C. Miller.

The Sands-Holland Class, graduating June 13, 1913, is the eleventh class to graduate from this institution. The following is a list of graduates who completed the three-year course and have passed the West Virginia state board: Dovie Beatrice Goff, Eunah Taylor, Lena Gray Bales, Phenia Martin, Laura Belle Meeks, Martha Emily Kettle, Anna Susan Cawthon, Anna Susan Lough, Jessie Steele and Thelma Forsythe Martyn.

The annual address to graduates was delivered by J. C. Miller, superintendent of the hospital. Drs. Sands and Holland, the class sponsors, each

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Winter Classes open Jan. 7 and Mar. 18, 1914

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutic Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania).

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College).

B. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz } Penn. Orth. Institute.
Edith W. Knight, Elizabeth Jamison }

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gave a short talk touching on the good work and faithfulness of the nurses while in training and their future as nurses. Diplomas were presented by Anna E. McArdle, superintendent of nurses.

After the graduates' reception a delicious supper was served. Dancing then began, lasting till midnight, closing a pleasant evening long to be remembered by all present.



Florida

The Bill for State Registration which was approved on June 7, 1913, reads as follows:

AN ACT

TO PROVIDE FOR STATE REGISTRATION OF NURSES

Be it enacted by the Legislature of the State of Florida:

SECTION 1. That upon the taking effect of this Act, the governor of the state shall appoint, within sixty days, a board of examiners, to be composed of five (5) nurses. One of the members of this board shall be designated by the governor to hold office one year, one for two years, one for three years and two for four years, and hereafter upon the expiration of the term of office of the person so appointed, the governor shall appoint a successor to each person, to hold office for four years.

SEC. 2. That the members of this state board of examiners shall, as soon as organized, and annually thereafter in the month of June, elect from their members a president and a secretary, who shall be the treasurer. Three members of this board shall constitute a quorum, and special meetings of the board shall be called by the secretary upon written request of any two members. The said board of examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all the nurses duly registered under this Act, which shall at all reasonable times be open to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expenses on this behalf. The secretary shall receive a salary to be fixed by the board, not to exceed one hundred dollars (\$100) per annum, also traveling and other expenses incurred in the discharge of her official duties. The other members of the board shall receive five dollars (\$5) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the board under the provision of this Act, and no part of salaries or other expenses of the board shall be paid out of the state treasury. All money received in excess of the said allowance and other expenses provided for, shall be held by the treasurer for meeting the expenses of the said board and the cost of annual reports of the board.

SEC. 3. That after June 1, 1916, it shall be the duty of said board of examiners to meet not less frequently than once in every year, notice of

which meeting shall be given in the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this Act, to determine their fitness and ability to give efficient care of the sick. Upon filing application for examination and registration, each applicant shall deposit a fee of five dollars (\$5).

SEC. 4. That the applicant shall furnish satisfactory evidence that he or she is twenty-two (22) years of age, is of good moral character, has received the equivalent of a grammar-school education, and has graduated from a training school giving a systematic course in medical, surgical and obstetrical nursing, presided over by a graduate nurse, covering a period of not less than two years; or has received two years' training in some reputable hospital now established in any of the counties of this state, and who has received a certificate from the superintendent or physician in charge of said hospital, which certificate shall be approved by the medical association of the county in which such hospital is located; or has graduated from a training school in connection with a hospital in good standing supplying a systematic two years' training corresponding to the above standards, which training may be obtained in two or more hospitals.

SEC. 5. That all nurses graduating before June 1, 1916, possessing the above qualifications, shall be permitted to register without examination upon payment of registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training schools connected with a general hospital or sanitarium giving two years' training, or prior to the year 1897 having given one year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this Act, or have been engaged in nursing five (5) years after graduation, prior to the passage of this Act, also those who are in training at the time of the passage of this Act and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made before June 1, 1916.

Graduates of training schools in connection with special hospitals, giving a two years' course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without examination before June 1, 1916; or said graduates shall be eligible for registration prior to said date upon passing a special examination before the Board of Examiners, in subjects not adequately taught in the training schools from which they have been graduated.

SEC. 6. And it shall be unlawful after the expiration of that time for any person to practice professional nursing as a registered nurse without a certificate in this state. A nurse who has received his or her certificate according to the provision of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation R.N., or any other letter or figures to indicate that he or she is a registered nurse.

SEC. 7. That this Act shall not be construed to affect or apply to the gratuitous nursing of the

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sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a registered nurse.

SEC. 8. That any person violating any of the provisions of this Act, or who shall wilfully make any false representation to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not more than five hundred (\$500) dollars.

SEC. 9. That the State Board of Examiners of Graduate Nurses may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty days' notice, and after a full and fair hearing of the charges made by a majority vote of the whole Board, the certificate can be revoked.

SEC. 10. The board, upon written application, and upon the receipt of five (\$5) dollars as registration fee, may issue a certificate, without examination, to those who shall have been registered as registered nurses, under the law of another state having the requirements equivalent to those of Florida: *Provided*, That the Board shall be sole judge of credentials of any nurse admitted to registration without examination.

SEC. 11. That this Act shall take effect from the date of its passage and approval by the governor.



Alabama

The South Highlands Infirmary, of Birmingham, Ala., held its third graduating exercises on Thursday, September 27. The conferring of diplomas by Dr. U. J. W. Peters and medals by the superintendent, Mrs. M. B. Irwin, was followed by a reception and dance and light refreshments.

The following graduated: Misses Lou Gray, Florence Gilmer, Dessie Burgess, Maude Cole, Lora Bell, Isla Hall and Josephine Setleff.



Arkansas

The Arkansas State Board of Nurse Examiners will hold its second meeting October 27, 28, 1913, at the State Capitol, Little Rock, Ark.

The law requiring registration is compulsory and all who wish to nurse in the State as trained, graduate or registered nurse, must register.

The Arkansas State Graduate Nurses' Association will hold its annual meeting October 29, 30, 31, 1913, at Little Rock, Ark. We earnestly request the county and city association to send as many representatives as possible and every nurse in the State is requested and urged to be present.

The State Association has done a great deal in the past year. Our bill requiring registration has been drawn and passed and up to date three hundred nurses have applied for registration.

Texas

The regular meeting of the examining board for trained nurses will be held at Austin, November 12 and 13 next. All applications must be made to the secretary fifteen days prior to the date of opening examinations.

Members of the examining board are: Miss Maud Muller, San Antonio, president; Miss Clara Shackelford, Galveston, secretary; Miss Lucy Bunson, Houston; Miss Mildred Bridges, Fort Worth.



Ohio

Ten young women were graduated as trained nurses from St. Vincent's Hospital, Cleveland, Ohio, October 1. The graduates are Miss Linda Malone, Miss Anna Terry, Miss Emma Stewart, Miss Elizabeth Hamblett, Miss Bessie Miller, Miss Loretta Breen, Miss Bertha Breen, Miss Blanch Smitheiser, Miss Marie Nowakowski, Miss Marie G. Cullen.

The following program was given: Introductory Remarks, Dr. T. A. Burke; Address to Graduates, Rev. James McDonough; Conferring of Graduating Medals, Dr. P. E. Bunts; Awarding of Prizes to Misses Loretta and Bertha Breen, Dr. W. H. Humiston.

The address by Father McDonough was eloquent, philosophical and convincing.

Dr. T. A. Burke was toastmaster and fulfilled his part very pleasingly. Dr. Bunts, in presenting medals to the graduates, spoke of his satisfaction with the class and the proficiency the members of it had attained as professional nurses.

Rev. Eugene P. Duffy, chaplain at Charity Hospital, told the nurses that the diploma they received was equivalent to the commission given the soldier, and like the soldier the nurse must often face danger in doing her work.

The several vocal and instrumental features of the program were well rendered, and each soloist responded happily to generous applause.

The graduation exercises for the Training School for Nurses of Mercy Hospital, Hamilton, were held in St. Stephen's Hall on Wednesday evening, October 8, 1913. The program presented by the nurses was interesting and held the attention of an appreciative audience. Mr. George T. Russ, president of the board of trustees of the hospital, also Rev. Father Antonius Brockhuis, O.F.M., addressed the nurses, and their words were both inspiring and elevating. Dr. Mark Millekin presented the diplomas and made a few spicy remarks. The class of seven consisted of Miss Mary Dorsey, Miss Marie



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After the exercises a delicious lunch was served and the nurses had a dance. On Friday the Mercy Hospital Alumnae was formed. Miss Teresa Minogue was chosen president, Miss Katherine O'Neil vice-president, Miss Henrietta Kallmeyer secretary, Miss Mary Clynch treasurer.

The hospital is in need of a nurses' home and hopes that some time in the near future some generous patron may be prompted to help in its establishment.



Wisconsin

The eighth annual commencement exercises of the South Side Training School for Nurses, connected with the Hanover Hospital, Milwaukee, Wis., were held Friday evening, October 3, in the South Side Casino Hall, 396 Greenbush Street.

The program was as follows:

1. Music, Clauder's Orchestra; 2. Salutatory, Miss Rose Flanagan; 3. Hunting Song, by Benedict, Westminster Quartette; 4. Address, Rev. J. F. Ryan; 5. Greeting, by Mendelssohn, Mrs. Miding and Miss Schultz, of the Westminster Quartette; 6. Address, Dr. H. J. Edwards; 7. Tell Me, Thou Pretty Bee, by Protheroe, Westminster Quartette; 8. Address, Miss Elizabeth Richmond; 9. Valedictory, Miss Marion L. Webb; 10. Presentation of Class, Miss W. Stiles, superintendent; 11. Presentation of Diplomas, Dr. W. F. Malone; 12. Bridal Chorus (Rosemaid), by Cowen, Westminster Quartette; 13. Presentation of Medals, Dr. J. C. Schroeder; 14. Music, Clauder's Orchestra.

The exercises were followed by a reception and dancing. The graduates are Miss Selma Melgard, Rushford, Minn.; Miss Malinda Feldmann, Elkhart Lake, Wis.; Miss Jessie Bentley, Mauston, Wis.; Miss Marion L. Webb, Aberdeen, So. Dak.; Miss Rose Flanagan, Lake Beulah, Wis.; Miss Catharine Spellman, Portage, Wis.; Miss Clare Flanagan, Lake Beulah, Wis.; Miss Gertrude French, Milwaukee, Wis.



Michigan

The Michigan State Board of Registration of Nurses will hold an examination for state registration at the Harper Hospital in the city of Detroit on November 12, 13 and 14, 1913, and at the U. B. A. Hospital in the city of Grand Rapids on November 19, 20 and 21, 1913. Only graduate nurses from an approved training school are eligible to take this examination.

Missouri

The Missouri State Nurses' Association met in Springfield October 1, 2, 3. The subjects receiving marked attention were "School Nursing" and "Visiting Nursing." Among the prominent speakers were Dr. W. P. Patterson, Dr. William Reinhoff, Dr. F. M. Johnson, Miss Margaret McClure, Miss Elizabeth Keller and Miss Mena Shipley. A special feature was a parliamentary drill conducted by Mrs. Emma Lard Logan, of Kansas City, parliamentarian of the State Federation of Women's Clubs.



Montana

An Alumnae Association of the graduate nurses of St. Johns Hospital, Helena, was formed at a meeting held in the parlor of the hospital Friday afternoon, October 3, 1913. The purpose of the new organization is to promote the general welfare of the members, and to give financial encouragement in time of sickness. The following officers were elected for the ensuing year: Sister M. Donutilla, president; Miss Deegan, vice-president; Miss Lydia A. Nyberg, secretary-treasurer. Trustees, Miss Nichelsen, two years; Misses Norenburg and McCreanar, one year each. The regular meeting of the association will be held at the hospital the first Friday of each month. The annual meetings for the election of officers the first Friday of October of each year.



California

Contending that the eight-hour law for student nurses works a great injustice, both on nurses and patients, the managements of seventeen hospitals of the bay section have announced their intention of bringing a joint suit to test the constitutionality of the law. Hospitals of Sacramento and Oakland have asked to join San Francisco in the fight.

The hospital authorities say that the measure was opposed by practically all the leading physicians of California when it came up at Sacramento.

It is said that the constant change of nurses necessitated by the law is dangerous to the patients, and that it is impossible at times to get a sufficient number of nurses.

At the Children's Hospital recently five cases of contagious diseases were refused on account of the hardship worked by the eight-hour law.

The Children's Hospital, St. Luke's, Mt. Zion and a number of other hospitals in San Francisco are heading the movement against the law.

Short Interval Feeding

There are cases in private, as well as hospital and sanitarium practice, where the vital forces of a patient have suddenly been reduced by hemorrhage from accident and subsequent necessary surgical operation; or through the more deliberate, systematic devastation of these forces by acute disease.

In such cases it is clearly of paramount importance that the vital forces be restored to the normal as promptly as possible. The physiological way is, naturally, by means of feeding, in small portions, and at **short intervals**.

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Grape-Nuts is best served under such conditions—first, with **hot** milk for quick stimulation of the circulation; later, it is best served with cream, or part milk and cream, as the attending physician may find advisable.

Made of whole wheat and malted barley, Grape-Nuts contains the three essential food elements, carbohydrates (largely converted into dextrin and dextrose); the protein and salts, which are so essential to cell elaboration.

The fat is easily gauged by the cream used in connection with the cereal food; and the well-known quality of easy and prompt assimilation possessed by Grape-Nuts insures the least digestive effort with the quickest restoration of body force.

We sometimes pass by the well-known on account of the very intimacy of long acquaintance. So, it is suggested, that in any case where you wish to administer the best nourishment at short intervals, you remember Grape-Nuts with cream or good milk.

The **Clinical Record**, for Physician's bedside use, together with samples of **Grape-Nuts**, **Instant Postum** and **Post Toasties** for personal and clinical examination, will be sent on request to any Physician who has not yet received them.

Postum Cereal Co., Ltd. Battle Creek, Mich.

Personals

Miss Viola M. Davenport, Class of 1913, Gowanda State Hospital, New York, is taking a post-graduate course at Bellevue Hospital.

Miss Grace Holmes, R.N., has been in charge of the Good Samaritan Hospital, Valdez, Alaska, since March 1, 1913. Miss Gertrude Holmes, for six years nurse at St. Mary's School, Fairbault, Minn., arrived at Valdez August 12, to take up her duties as assistant.

After seventeen and a half year's association with the New York Polyclinic Medical School and Hospital, Miss Agnes D. Carson has resigned her position as superintendent, and is resting at her home in St. Andrews, New Brunswick, Can.

Miss Adele Scudder, R.N., graduate Class 1905, Gowanda State Hospital, New York, has resigned her position as surgical nurse at the Lafayette Hospital, Buffalo, N. Y., to enter the Navy Nurse Corps. Miss Scudder reported for duty at Washington, D. C., October 20, 1913.

Miss Mary H. Hamer, Zanesville, Ohio, graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged to take charge of the mechanical department at Spencer Sanitarium, Winston-Salem, N. C.

Miss Minna Schmidt, Jacksonville, Fla., graduate of the City Hospital, Erfurt, Germany, supervising nurse at Royal University Hospital, Halle, Germany, also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged as superintendent at White Sulphur Springs, W. Va.

Miss Jean A. Harrison, R.N., Maccan, Nova Scotia, graduate of Whidden Memorial Hospital, Everett, Mass., and post-graduate of Bellevue Hospital, N. Y., and Alexandra Hospital, Montreal, Canada, also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged by the mechanical department at White Sulphur Springs, W. Va.

Misses Jones and Murphy, of the Seattle General Hospital, while taking the round trip from Seattle to Seward, stopped to visit the Good Samaritan Hospital at Valdez, Alaska. They were both delighted and surprised to find such an up-to-date hospital there.

Miss Ethel Irwin, R.N., Class of 1909, of the Lansing Hospital, Lansing, Mich., has accepted

a position as surgical assistant to Dr. S. Stevens, of Battle Creek, Mich.

Mrs. Harriette E. Behrens, R.N., formerly assistant superintendent of nurses, State Hospital, Taunton, Mass., has accepted the position of superintendent of the Nashua Memorial Hospital, Nashua, N. H.

Miss Elizabeth Lowry, of Cincinnati, Ohio, a graduate of St. Luke's Hospital, Chicago, Ill., has been elected superintendent of Wichita Hospital, Wichita, Kan., to succeed Miss I. M. Woodburn, who resigned her position on account of ill-health.

Miss Margaret Fagin has been appointed head of the Nurses' Training School at the City Hospital, Cincinnati, Ohio, succeeding Miss Katherine Ellison, who resigned to take a position with a hospital in the South. Miss Fagin is well qualified for the position, as she has been Miss Ellison's assistant for two years, in addition to serving as head of various wards in the hospital. Miss Fagin has had ten years' experience as a nurse, being at the City Hospital nine of those ten years.

Miss Bessie Waterman and Miss Marie Frostholme, nurses in the Government service at Panama, have arrived home on a six weeks vacation.

Miss Nelwyn Kendrick, R.N., graduate of St. Joseph's Hospital Training School, Kansas City, Mo., has received permanent appointment at the Government Hospital, Tuba, Arizona.

Miss M. E. Sanderson, a graduate of the Hahneman Hospital School for Nurses, Philadelphia, Pa., class of 1910, is in charge of the State Tuberculosis Sanitarium at Dunseith, North Dakota.

Miss Eleanor Keister, superintendent of the City Hospital, Worcester, Mass., has resigned her position, her resignation to take effect the last of October. Miss Keister will take a much-needed rest at her home near Hartford, Conn., before assuming other duties. Miss Keister has been at the City Hospital for the past ten years, and has endeared herself to the friends and nurses with whom she came in contact.

Miss Cicelia M. Rowen has resigned her position as superintendent of the Elyria Memorial Hospital, to take a much-needed rest. She is succeeded by Miss Anna Younglove.

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In ANY form of DEVITALIZATION
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Especially useful in

ANEMIA of All Varieties:

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As a GENERAL SYSTEMIC TONIC

After LA GRIPPE, TYPHOID, Etc.

DOSE: One tablespoonful after each meal.
Children in proportion.

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New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request.

A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

Marriages

Miss Madge Caldwell, graduate of Gowanda State Hospital, Class of 1903, to Mr. Stewart Coles, of New York City.

On September 16, 1913, at North Grosvenordale, Conn., Miss Evelyn A. Bellerose, Class of 1913, St. Francis Hospital, Hartford, Conn., to Dr. R. J. Worsard. Dr. and Mrs. Worsard will make their home at Bristol, Conn.

On August 28, 1913, at East Dennis, Mass., Miss Hulda K. Hall, graduate of the Morton Hospital Training School for Nurses, Taunton, Mass., Class of 1912, to Mr. Ray H. Goodspeed, Mr. and Mrs. Goodspeed will reside in Memphis, Tenn.

On September 20, 1913, at Brockton, Mass., Miss Georgetta Nye, graduate of the Morton Hospital Training School for Nurses, Taunton, Mass., Class of 1906, to Mr. Richard B. Waterhouse. Mr. and Mrs. Waterhouse will reside in Bourne, Mass.

On May 22, 1913, Miss Annie De Venne, graduate Waltham Hospital Training School for Nurses, Waltham, Mass., to Mr. Arthur Curtis.

On September 10, 1913, at the Church of St. Francis of Assissi, by the Rev. Ludeke, Miss Frances Byrne, graduate of St. Joseph's Hospital Training School, Far Rockaway, N. Y. Class of 1912, to Dr. George Beatty. After an extended honeymoon, Dr. and Mrs. Beatty will reside at 122 Beverly Road, Flatbush, N. Y.

On October 14, 1913, in St. Joseph's Church, Meriden, Conn., Margaret J. McMahan, R.N., Class of 1911, St. Francis Hospital Training School, Hartford, Conn., to Dominick A. Doyle. Mr. and Mrs. Doyle will make their home at Meriden, Conn.

On July 4, 1913, at Bozeman, Mont., by Rev. Father Leitham, Miss Sue F. Andersen to Mr. Emil E. Etan. Mrs. Etan is a graduate of Murray Hospital Training School for Nurses, Butte, Mont., Class of 1911.

In September, 1913, Miss Mary Dayhoff, a graduate nurse, to Mr. Willis Prosser, both of Indianapolis, Ind.

On September 24, at St. Johnsbury, Vt., by the Rev. Peter Black, Miss Margaret Crawford to Mr. John Mullavy. Miss Crawford was the first graduate of the Brightlook Hospital Training School for Nurses.

On September 6, 1913, at Middletown, N. Y., Miss Laura Pirkey, formerly a nurse at the Orange Memorial Hospital, Orange, N. J., to Mr. Elmer L. Walker.



Deaths

On July 8, 1913, at her home in Philadelphia, Mrs. Mary McLellan. Mrs. McLellan was formerly Miss Moffett, a graduate of the Philadelphia Lying-In Charity Hospital. Her death was due to kidney trouble. She was loved by all who knew her, and will be missed by the members of the Alumnae Association of her school, and of the Guild of St. Barnabas, of which she was a member.

At Baltimore, Md., Mrs. Elizabeth M. Springer, wife of Dr. N. A. Springer. Death was due to pneumonia. Mrs. Springer was a graduate of the Philadelphia Lying-In Charity.

At St. Joseph's Hospital, Far Rockaway, N. Y., on September 28, 1913, Miss M. O'Malley, Class of 1912, St. Joseph's Hospital Training School for Nurses. Death was due to fracture of the skull, caused by a fall downstairs while on a case. Mass was celebrated at the hospital chapel on Monday, September 29, by the Rev. E. Seebeck, assisted by the Sisters, graduate and pupil nurses. Her body was taken to her home in Troy, N. Y., accompanied by her classmate, Rose T. Carter.

At her home, Norwich, Conn., August 16, Ellen Teresa Collins, senior nurse at St. Francis Hospital, Hartford, Conn., Class of 1914.

Miss Mary Sopha died at the Bloomsburg Hospital, Bloomsburg, Pa., September, 1913.

Miss Sopha was taken ill while in training, and was never well enough to be removed from the hospital to her home. She was an apt pupil while in training and endeared herself to patients and fellow students by her thoughtful kindness and spirit of self-sacrifice.

On September 24, 1913, Dr. Albert T. Birdsall, of Brooklyn, On his mother's side Dr. Birdsall came from a line of physicians. His grandfather was Dr. O. T. Lines and his grandmother was Dr. Amelia Wilkes Lines, the first woman physician in this country. His aunt, Dr. Mary Louise Lines, is now practising in Brooklyn.

Dr. Birdsall was instructor in surgery at the New York Post-Graduate Hospital, and attended the Brooklyn Tubercular Clinic as a specialist in pulmonary diseases.



"I'm Not Much of a Cook, Hubby,"

"but here's what I did with Jell-O. Could any *cook* make anything finer than that, and won't that hit the spot?"

Of course no cook could make anything finer. The "beauty of it" is that women who cannot cook can make as good desserts as the best cook, for

JELL-O

doesn't have to be cooked. The young housekeeper who *must* prepare the meals herself and uses Jell-O, is saved much experimenting at the expense of her husband's digestion and good nature.

She is always sure of a good dessert for him anyway.

In purity and wholesomeness Jell-O is as near perfection as science and skill can make it, and nothing else so surely hits the spot in the appetite that is pleading to be hit.

There are seven *pure fruit* Jell-O flavors: Strawberry, Raspberry, Lemon, Orange, Cherry, Peach, Chocolate. 10 cents each at any grocer's.

If you will write and ask us for it we will send you the splendid recipe book, "Six Famous Cooks," illustrated in beautiful colors.

THE GENESEE PURE FOOD CO., Le Roy, N. Y., and Bridgeburg, Can.

The name JELL-O is on every package in big red letters. If it isn't there, it isn't JELL-O.



Book Reviews

The White Linen Nurse, or How Rae Malgregor Undertook General Heartwork for a Family of Two. By Eleanor Hallowell Abbott. Six full-page illustrations by Herman Pfeifer. 16mo, 271 pages. Price \$1.00 net, postage 7 cents. For sale by the Lakeside Publishing Co.

This little story is so quaint and idyllic in character, that it might well belong to fairy lore, were it not for the fact that instead of the beautiful prince, the lovely princess and the enchanted castle, we have the strangest setting that was ever given a love story. A rebellious, tired little trained nurse, with a "doll face" that belies her strength of character; an overworked surgeon, who seeks relief in profanity and a yearly excursion with John Barleycorn, and his pathetic little daughter, whose sharp temper hides her hungry heart—these are the central characters.

And Eleanor Hallowell Abbott, in her own wonderfully characteristic way, sets forth these faulty, lovable, unforgettable people in a narrative that bites deep in its psychology.

When the reader comes to realize that the sturdy little nurse with her pretty doll face is one of the most subtle and shrewd of women, for all her childish ways, and that the bad-mannered surgeon is really one of the largest-hearted men in the world; and that the naughty child is an imaginative, lonely little cripple, the possibilities of their difficult and piquant situation become evident.

If you are one of those exceptional people who do not care for love stories, the book is still well worth while, for its glimpses of training school and hospital life, marked by humor, pathos and irony. The story holds your attention from the opening sentence: "The White Linen Nurse was so tired that her noble expression ached. Incidentally her head ached, and her shoulders ached and her lungs ached and the ankle bones of both feet ached, but nothing of her felt permanently incapacitated but her noble expression."

Do you not feel a sympathy with this little nurse? Has not your own "noble expression" felt incapacitated at times? You cannot fail to enjoy the confidences of the girls just prior to their graduation. You may recognize the superintendent of nurses. Perhaps you trained under

her, and you may have met the senior surgeon with the wonderful eyes.

The author is herself the wife of a surgeon, and the book is dedicated to the great surgeon, Maurice Howe Richardson, who the author says "loved romance almost as much as he loved surgery."



Pocket Cyclopedia of Medicine and Surgery. By Gould and Pyle. Second edition, revised, enlarged, and edited by R. J. E. Scott, M.A., B.C.L., M.D., New York. Price \$1.00, net. For sale by Lakeside Publishing Co.

In this second edition the general plan of the book remains as before, but it has been thoroughly revised, much of it has been rewritten, a great many new articles incorporated which has resulted in an increase of 155 pages.

Special provision has been made for the needs of the reader who looks for immediate information. With this object in view, the number of cross references has been largely increased, also the amount of matter in tabular form; this should make the book even more useful than before.



A Compend on Bacteriology, Including Animal Parasites. By Robert L. Pitfield, M.D., Pathologist to the Germantown Hospital, Philadelphia, Pa. Second edition, with 4 plates and 85 other illustrations. Price \$1.00 net. For sale by Lakeside Publishing Co.

This little book was designed by the writer to serve the needs of the student preparing for examination and for the practitioner of medicine who desires to acquaint himself with the principal facts of the rapidly growing science of bacteriology. An effort has been made to reduce the subject matter to as concrete a form as possible. The chapter on immunity gives in outline the essential accepted teachings on the subject.



The Battle Creek Sanitarium; History, Organization, Methods. By J. H. Kellogg, M.D., Superintendent.

This brochure is presented to the medical public in response to the request of many physicians

(Continued in Publisher's Desk)

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or in the home there is none "just as good" as

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None as pure and safe for "Mother's Baby" or
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Physician's and trained nurses, and thoughtful
mothers everywhere give the preference to Mennen's above all others.

They know from their experience what is best, and why
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only smooths, but soothes the skin; not only hides, but
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"The Cleanest of Lubricants"

K-Y Lubricating Jelly

"The Perfect Surgical Lubricant"



Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments. "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, cefon and rectal tubes, specula, sounds and whenever aseptic or surgical lubrication is required.

Supplied in collapsible tubes.

Samples on request.

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Food for Typhoid Patients

ROBINSON'S "PATENT" BARLEY

FOR INVALIDS and those recovering from influenza, typhoid fever and other illness. Made into gruel or barley water is a food constantly recommended by Physicians.

ROBINSON'S "Patent" GROATS

for the nursing mother or for young children.

"Patent" Groats made into milk-gruel or porridge, can be taken three or four times a day, is very nourishing and easily digested.

Send for booklet giving directions for making many palatable dishes

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The great practical value of Liquid Peptonoids as an emergency nutrient and auxiliary food tonic, both in acute disease and during convalescence, cachexia or invalidism, cannot be overestimated.

The essential nutrient elements from the three great common food stuffs—beef, milk and wheat—are furnished in Liquid Peptonoids, predigested, free from waste or irritating material, ready for immediate use by the cells of the body. Liquid Peptonoids is palatable and when given either after having been poured over cracked ice and so slightly chilled, or as hot as the patient can take it, will be relished and retained, even in cases of nausea, vomiting or irritable stomach, when other nutrients are rejected.

Liquid Peptonoids is always ready for use, requires no preparation and is always uniform, properties which should make it appeal strongly to the nurse.



Architect Shoe Co.

It is surprising that there are not more cases of pesplanus (flat foot) among nurses, as there is no profession that requires longer hours of duty on hard floors. However, there are many who suffer severe pains in the feet and limbs and attribute them to rheumatism, when it is simply a strain on the instep.

Hundreds of readers of THE TRAINED NURSE AND HOSPITAL REVIEW have overcome this most painful affliction by wearing arch-supporting shoes, and the Architect Shoe Company, Schenectady, N. Y., will furnish without cost to all who send their name and address, booklet "A," which proves beyond doubt that a shoe that is scientifically designed will relieve and in many cases cure the ordinary case of flat foot. The booklet is illustrated with half-tone photograph reproductions and is full of pedic information that should interest all nurses. This company has customers in all sections of this country and in some foreign lands, who have been perfectly fitted by using their simple order chart. Send today for booklet, Address Architect Shoe Co., Schenectady, N. Y.

H. W. Johns-Manville Co.

OPENS BRANCH IN GALVESTON, TEX.

The spirit of business enterprise which characterizes this aggressive concern is once more evidenced by the opening of a new office and warehouse in Galveston, Tex. The H. W. Johns-Manville Co. now boasts three offices in the Lone Star State, viz., at Houston, Dallas and Galveston. At the last-named place, in a modern brick warehouse of large proportions, will be consolidated the stock for distribution to the different offices and throughout the firm's Texas territory.

Galveston, because of its location and shipping facilities, makes an ideal concentration center. The company plans to receive direct at this point heavy shipments by coastwise lines from New York. The steadily increasing trade with Central and South America also makes Galveston a convenient point of distribution.



An Ally Worthy of Confidence

It is going on toward twenty years since Gray's Glycerine Tonic Comp. was first placed at the service of the medical profession. During all this period Gray's Glycerine Tonic Comp. has maintained the standards that first attracted attention and the busy practitioner has ever found it an ally worthy of confidence. It never disappoints and in the treatment of atonic conditions, particularly of the gastro-intestinal tract, it is often the one remedy that will produce tangible and satisfactory results. The physician who does not use it in his practice is denying his patient many benefits that can be obtained in no other way.



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Wyandotte Sanitary Cleaner and Cleanser will thoroughly deodorize and clean the pipes, traps, drains, and all places where foul and ill-smelling odors arise. First wet thoroughly with cold water. Then throw into same a small quantity of Wyandotte Sanitary Cleaner and Cleanser and allow same to remain a short time; then rinse. This treatment is also very effective for cleaning the refrigerator drain pipes and urinals.

The Specialist

There is today so much to know, so much that one must know, that the specialist results not so much from choice as from necessity. As nurses specialize on certain diseases or in certain classes of surgical operations, so we as manufacturers of cleaning materials have specialized on sanitary cleanliness for Hospitals and other Institutions, giving to this, our special washing and cleaning material, the name of

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Sanitary
Cleaner and Cleanser

When we tell you it contains no organic matter, no acid, no caustic lye, no preservatives, that it makes no suds, nor does it eat or burn, you at once realize, by composition at least, it must be a specialist among washing agents.

Then when we say to you that pound for pound it does more actual washing and cleaning and rinses easier than any other washing agent on the market, and add still one more desirable factor, that the cost of sanitary cleanliness by the use of Wyandotte costs no more than ordinary cleanliness by the use of other washing materials, you begin to think—can we prove it?

The proof we will leave to you, as any supply jobber will gladly ship you a barrel or a keg of Wyandotte Sanitary Cleaner and Cleanser with the guarantee that it does all we claim or you can return the unused portion at our expense and the trial will cost you nothing.

Think it over. You will profit more by using it than we will by securing your order.

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In Every Package

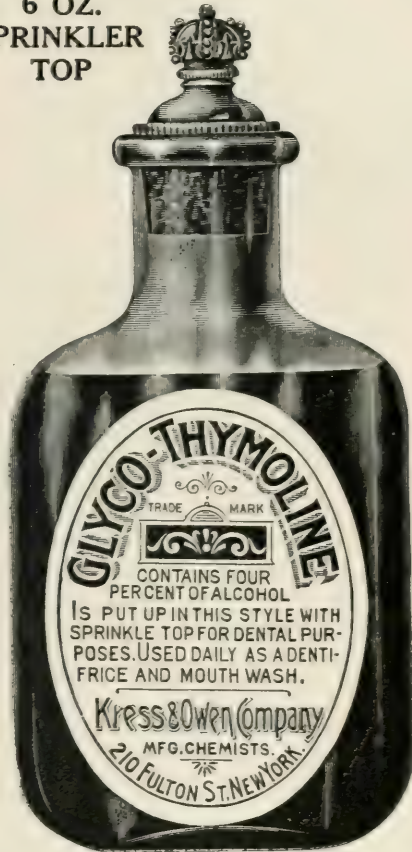
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This cleaner has been awarded the highest prize wherever exhibited

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SPRINKLER
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One of above special bottles of
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to any *Trained Nurse* on application.

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KRESS & OWEN COMPANY

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The Nurse of Today

No longer sits and ponders over the time when the strain of exhaustive work shall so enervate her energies, that her work can no longer be carried on, but is alive to the advantages gained through such helps as mechanical treatments. In scientific massage, Swedish (Ling) system, corrective gymnastics, electro and hydro-therapy, as taught by the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, she finds a helpfulness in her chosen profession, as well as a lucrative opening in hospitals, teaching nurses in training and managing mechanical departments. The call for competent trained operators is so insistent we find it practically impossible to meet the demand. The call is for both male and female. The next class opens November 19, 1913. The instruction is both practical and theoretical. Full particulars in our new prospectus, 56 pages, 46 illustrations. May we not mail you a copy? Max J. Walter, M.D., Superintendent.



Sugar Chocolate Caramels

Mix two cupfuls of sugar, three-fourths of a cupful of milk or cream, one generous tablespoonful of butter and three ounces of Walter Baker & Co.'s Premium No. 1 Chocolate. Place on the fire and cook, stirring often, until a little of the mixture, when dropped in ice-water, will harden; then stir in one-fourth of a cupful of sugar and one tablespoonful of vanilla, and pour into a well-buttered pan, having the mixture about three-fourths of an inch deep. When nearly cold, mark it off in squares, and put in a cold place to harden. These caramels are sugary and brittle, and can be made in the hottest weather without trouble. If a deep granite-ware saucepan be used for the boiling, it will take nearly an hour to cook the mixture; but if with an iron frying-pan, twenty or thirty minutes will suffice.



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This syringe is all glass, of best quality, with absolutely tight asbestos packing covering the entire end of piston, which insures expulsion of solution to the last drop.

The presence of foreign matter in the barrel is readily detected. When tablets are used their solubility is not a matter of chance. Each needle on the inside comes to a cone point which assures a clear passage for the wire. The bore of the barrel is true. The price is right.

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Send today for a sample of the "Agrippa" Nipple and give it a trial on the next bottle-fed baby case you have.

There is no nipple on the market today that can touch it for durability and general utility. The extraordinary power of an interior band inside the nipple to grip the neck of the bottle makes it so secure that there is no danger of its slipping off the bottle. It can be sterilized by boiling in clean water without impairing the quality of the rubber. See advertisement in this issue.



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Nurses and supervisors of hospitals should be interested to investigate the superior merits of the celebrated "Dix-Make" uniforms, than which no better garments are made today. By actual comparison, it has been proven that, while ready for wear, "Dix-Make" uniforms are better made, more carefully finished and look smarter than those made to order, and are so superior to the average ready-to-wear dresses as to be in a class by themselves.

To buy "Dix-Make" Uniforms is to save time, money and trouble.

Henry A. Dix & Sons Company have model sanitary workrooms, employ nearly five hundred people and stand back of every uniform bearing "Dix-Make" label.

The making of Nurses' Uniforms is their special business and has been for the past sixteen years.



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Listerine promptly destroys all odors emanating from diseased gums and teeth, and imparts a sense of cleanliness and purification; systematically employed, it will retard decay, and keep the teeth and mouth in a healthy condition. Listerine is invaluable for the purification of artificial dentures, and for the treatment of all soreness of the oral cavity resulting from their use. Patients wearing bridgework should regularly use Listerine as a mouth-wash.



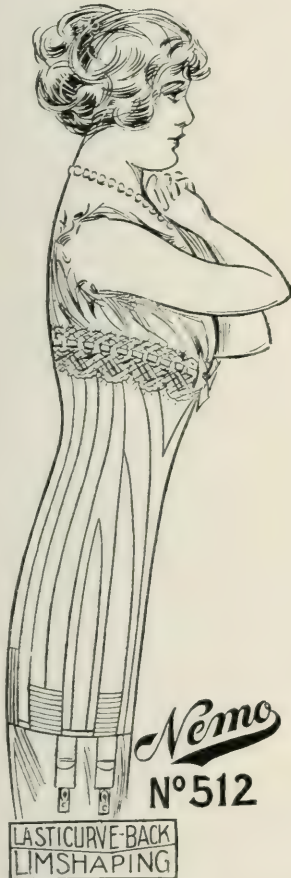
Sanatogen

Sanatogen may be given alone when all other forms of nitrogenous food are contra-indicated, or it may be made the basis of a diet, and its miscibility with broths, cocoa and other articles of the invalid's list makes its uses almost endless in the hands of a clever nurse.

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Guard Your Figure, Health and Purse

**When You Buy a Nemo
Be Sure You Get a Nemo!**



Once more we are compelled to sound a note of **WARNING**. Unscrupulous manufacturers still persist in trying to palm off, upon the unwary, **VASTLY INFERIOR IMITATIONS** of Nemo features and fabrics—spurious “supporting” and “reducing” corsets, elastics that rip—in the hope that you won't know the difference. Original Nemo inventions and trade-marks—even our “ads” and illustrations—are copied, with the obvious intent to deceive you.

BE A WISE WOMAN! Don't fall into the trap! If you seek genuine Nemo style and comfort, **REFUSE** all corsets that do not bear the trademarks “**NEMO**” and “**LASTIKOPS**.”

You should strongly **RESENT** all attempts to sell you imitations of the Nemo; for such an attempt is nothing less than an attack upon your health, your figure and your purse.

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No. 512—the newest **LASTIKOPS** Corset, for extreme and comfortable reduction below the waist. Very low bust, with Nemo “bridge”—front steels won't “dig in” above your waist-line. Skirt—extra-long; semi-elastic bands of Lastikops Webbing reduce hips and thighs; Lasticurve-Back, of semi-elastic Lastikops Cloth. The triple **REDUCTION** when you stand, gives triple **EXPANSION** when you sit. And the elastics stay elastic. Finest white coutil; sizes 20 to 30.

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This corset will OUTWEAR any three corsets made with the same old unreliable elastics that are used in all imitations of the Nemo.

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The autumn months constitute the season during which the average practising physician is called upon to treat the following conditions:

1. Typhoid fever, which is, more often than not, contracted at some unhygienic summer resort. The patient may return home during the first week or so, with headache, malaise, etc., or the premonitory or primary symptoms may appear after reaching home. 2. Malarial infection, in certain sections, which is more than usually rife in the spring and fall seasons. 3. The after results of the gastro-intestinal disorders of infants and young children, due to improper feeding, etc., during the heated term. In almost every instance, when the acute symptoms have subsided, a condition of anemia and general devitalization is the final result that constitutes the essential indication for treatment. In convalescence from all forms of illness resulting in general debility, Pepto-Mangan (Gude) is the one ideal tonic and reconstructive. It not only revitalizes the blood, but also tones up every physiologic function. It stimulates the appetite, improves the absorptive capacity, increases energy and ambition and restores the blood to its normal condition. It is, thus, a general tonic and reconstituent of marked and certain value.



School of Medical Gymnastics and Massage

This institution is now entering its eighth year of existence and is constantly adding new features to its curriculum. The school congratulates itself in being the first in New York to offer a post-graduate course in medical gymnastics and massage. Dr. Friis-Holm is steadily working to raise the standard. The fact that students who desire a long and thorough education in medical therapeutics can obtain it in an American school, as well as in Europe, is the greatest advancement yet accomplished.

For further information apply to registrar's office at School of Medical Gymnastics and Massage, 61 East 86th Street, New York.



A New Antiseptic

The Bolton Chemical Corporation have combined hydrogen peroxide, U. S. P., thymol, menthol and eucalyptol in a way to make a very satisfactory antiseptic for use in any case where a safe and reliable antiseptic is required. Send for sample of Listogen. See advertisement in this issue.

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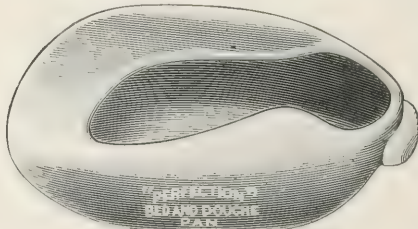
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The Personal Element in Nursing*

EDWARD E. CORNWALL, M.D.

Brooklyn, N. Y.

THERE are two main elements to be considered in nursing—the technical element and the personal element. The technical element has to do with the various nursing procedures which you have been taught in the training school, such as the recognizing of signs and symptoms and the keeping of bedside notes, the administration of drugs, the giving of baths, enemas, etc.; in other words, the technical element in nursing has to do with the physical care of the patient. The personal element on the other hand, has to do with your relations as a human being with other human beings. It is the personal element which chiefly determines and defines your success as a nurse. and by success I mean not only success in the higher sense of satisfying the ideals of your profession, of doing good to others, etc., but in the lower sense of financial success. Unless the personal element in your nursing is right, it will avail you nothing to be learned and skillful; you will not get cases. So it behooves you, for practical as well as ideal reasons, to develop rightly the personal element in your nursing.

In the little talk which I am about to give you, I shall speak of some of the things bearing on the personal side of nursing which observation of nurses for a good many years

has suggested to me, and in order to make these remarks as informal as possible, I will give them out as I accompany you, in spirit, to your first case.

The telephone in the house where you lodge rings; you are called to it; a physician who knows you or knows of you asks if you will take a case for him, and how soon you can be ready to start. You think quickly and tell him that you will be ready in forty minutes. In less than that time, for you know that promptness is one of the most important conditions of success, you have your grip packed and are on your way to the patient.

You arrive at the patient's house, the door is opened, and you greet the person who opens it, whether it be the mistress or the maid, with a smile and say to her that you are Miss Smith, the nurse sent by Dr. Jones for the patient, whose name you mention. Now do not forget the smile with this announcement. You make your first impression on the household at the door, and it is highly desirable that it be a pleasant impression.

I cannot impress on you too strongly the importance of making your first impression on everybody in the patient's household a favorable one; for you enter an atmosphere which can very easily become hostile toward

* A lecture to the Williamsburgh Hospital Training School for Nurses.

you. You come, a perfect stranger, to assume intimate relations with one of the family, to take charge of his health, and perhaps to have depending on your character and capacity even his life. You must expect, under such circumstances, to be an object of severe critical scrutiny. You must expect to be closely watched and criticised sharply and even uncharitably and perhaps unjustly, if you lay yourself open in the least degree to unfavorable criticism. Although the physician, in all probability, has prepossessed the patient and the entire family in your favor by speaking well of you to them (at least such is my custom when I send a nurse to a case), yet this suspicious and critical attitude toward you is apt to remain, and it behooves you to placate your inevitable critics by making as good a first impression as you can.

You will be shown to the room which you will occupy. Here be careful what you do. Fail not to be neat and orderly in disposing of your clothes, etc. The detectives are watching you.

When you enter the sick room you will be under the most acute espionage, both by the family and by the patient, if he is conscious, which he is in the majority of cases; and if so, he is in a state of intense expectancy, prepared to receive a most vivid and perhaps permanent impression of his nurse. Do not, however, let the fact that you are watched embarrass you; be absolutely natural in your manner, unless your natural manner is one which needs to be changed.

Approach the patient with gentleness. Do not be too familiar, but take things for granted as far as needful. Have a pleasant expression on your face, but remember that the sick room is not a place of mirth, and that sick people always want to be taken seriously.

Be careful of the tones of your voice. Your voice should be soft and low, though firm and clear. Always talk so that you can be easily understood. There are few

things which make so deep and satisfactory a first impression on a sick person as the right kind of voice in a nurse, and a harsh voice, or one badly modulated, or an uncouth manner of speaking can make so unfavorable a first impression that hardly any amount of good work and good conduct can overcome it.

You are now installed on the case; you have made a favorable first impression. How can you maintain that good impression?

The conditions of that problem are, in general, these—to keep the good-will of the patient, to keep the good-will of the family, to keep the good-will of the servants and to keep the good-will of the physician. You must continually remember that your success depends on keeping the good-will of all these.

Among the things which you must do to bring about this happy result are some that relate particularly to yourself.

You must maintain your health. A nurse is not supposed to be sick. If you are not well you should not have taken the case. If you should happen to be slightly indisposed while on duty, though you may have no illness sufficient to lay you up, be careful to conceal or make little of the fact, certainly from the patient, though you may let the attending physician know, if you have confidence in him, for he may be able to give you some helpful advice.

Too often nurses are careless about their physical condition; they expose themselves so that they catch cold; they eat unwisely; they drink too much coffee, and not infrequently they work harder than they need over their cases, though that is a fault on the right side. You should get a fair amount of sleep, and should be out-of-doors every day if only for a short time. There is usually no difficulty in getting proper time off for rest; certainly not with the better class of people; and should there be any difficulty in this matter, the physician, if he

is told about it, can usually help by a word to the family, who rarely fail to appreciate the practical argument, if they are amenable to no other, that the efficiency of the nurse depends largely on her physical condition, and that to have her brightened up and invigorated means that she will be so much more useful to the patient. There are times, of course, when conditions in the sick room temporarily demand extraordinary work on the part of the nurse, and it is fitting that you should yield to such temporary demands. But the general fact remains that you should take proper care of your health, which you can usually do without impairing your popularity or your usefulness.

You must be careful about your dress; let it be neat and tasteful. Fortunately, for those whose taste in dress leaves something to be desired, nurses have their uniform, which answers every purpose while on duty. If you fail to keep your uniform in proper condition, you may be sure that it will be noticed.

I have spoken of the care of your room and clothes, and the necessity for orderliness. Nothing that can possibly be twisted into a suspicion of slovenliness on your part will escape the eyes of your eternally vigilant and indefatigable critics.

Regarding the immediate care of your person, it seems hardly necessary to say anything. It is obvious that you should be above criticism in this respect. But beware of exposing yourself to criticism on the score of paying too much attention to your personal appearance; don't give your critics an excuse for saying that you care more about looking pretty than you do about your duties in the sick room; don't get nicknamed *Fluffy Ruffles*, or anything like that.

In your relations with your patient you should bear in mind that you are one of his medicines, and one of the most important of them. If he has confidence in you, and is comforted and pleased by your presence, a therapeutic agent of great value is in op-

eration; but if he does not have confidence in you, and does not feel pleased and comforted by your presence, but disturbed and annoyed, you are one more toxic element in his case, which had better be removed. It is quite true that nurses who are poison to one patient may be medicine to others, so if you should ever find that you fail to agree with a particular patient, and have to be discontinued, you need not thereby be completely discouraged; but you should try to change your composition as far as possible so that you will be a suitable prescription for any and all kinds of patients; for that is what the ideal nurse should be.

I will now mention a few specific things which help you to be the perfect medicine.

Handle the patient with care, literally let your hands be cool when they touch his head, and warm when they touch his body, and be sure that they are dry when you touch him anywhere, unless you are giving him a bath.

Be gentle in moving and manipulating him. That word gentle means a very great deal in the sick room. Be careful to learn what it means, for unless you do, if the patient is conscious, you run great risk of failing to be the perfect medicine. People in health dislike to be handled roughly, and they like it much less in sickness and pain.

Be attentive to the patient, but not fussy. Do not annoy him by being continually on the jump, but so act that he will feel that you have his comfort on your mind every minute. If he wishes to be moved, move him if it is allowable; and if it is not allowable, do something that will at least partially satisfy his craving for a change of position, even if it is nothing more than putting your hand under his back and withdrawing it again. That simple manoeuvre is often very comforting to a patient who has lain in one position for a long time. Changing or readjusting pillows is also a comforting procedure. Even if there is no apparent need for readjustment of the bedclothes, a pat to

the pillow or a smoothing of the spread shows the patient that you are thinking of his comfort.

When the patient calls for anything or expresses a desire for anything which he should have, show a gentle eagerness to do what he requires, but while you are willing and quick, do not be too swift. Beware of jarring, and especially beware of the heavy tread; walk lightly, though naturally. It should be part of the training of every nurse to be taught how to walk in the sick room, if she does not know it naturally, which is usually the case. This walk is nothing more than the natural walk of a person who is a gentlewoman in every sense.

Have repose of manner. This means that sometimes you will sit still and do absolutely nothing; when you are not working you should be still. Many a nurse in other respects excellent, renders herself impossible by a restless activity which grates on the patient's nerves.

Be sympathetic. I think the majority of people are sympathetic by nature, and there are some who are sympathetic but unable to express it. If any of you are not sympathetic by nature, I here most solemnly and emphatically advise you to give up nursing, for you are not fitted to be a nurse, lacking one of the essential qualifications. If you are shy, or difficult of speech, or easily embarrassed by new surroundings, so that you are not able to manifest outwardly your sympathetic nature, you must train yourself so as to be able to do so; for sympathy is a medicine which you must always have ready to give to your patient, and usually to the patient's family also. Sympathy is a Greek word, and means *suffering with*. If you are sympathetic you are able to put yourself in the patient's place, and, in imagination, realize his feelings and sufferings. You may be sure that no quality which you possess, will be so appreciated, or will make your work so easy as well as agreeable to yourself, as sympathy;

and you may be sure that unless you have it in good quantity, you will not go far in your profession.

If you are sympathetic, you will be kind. Kindness means thoughtfulness for the little as well as big things which alleviate the patient's sufferings and annoyances. It also means patience with the irritability, peevishness, unreasonableness, injustice sometimes, and other disagreeable qualities which people who are ill often exhibit.

While you are gentle and attentive and sympathetic and kind and patient, you must be firm. There are times when you must insist on things which are distasteful or disagreeable or painful to the patient. If you show that you are sympathetic and at the same time, if possible, explain in a few words the necessity for your firmness, and especially if you show a gentleness in your firmness, and are careful to have your touch soft and your manner and words gentle and kindly, you will usually find that the patient will become reconciled to your firmness, and will indeed, think more of you for not yielding to his unreasonableness.

There is one warning which I wish to impress on you most deeply. It is this: Be careful of what you say. Guard well your tongue. This is one of the cardinal points to observe in your conduct, and I cannot impress on you too strongly its vital importance. Careless speech or wrong talk brings more nurses to grief than anything else. You can trip up on your tongue more easily than on any other part of your anatomy. You must be careful what you say to the patient, to the family, to the servants, to everybody. If the patient is well enough for conversation, you may be pleasantly chatty with him on topics which interest him and on which it is safe and proper for him to talk. Certain topics you must avoid with him; you must not talk to him about his ailments, as a rule, except to make light of them and to reassure him, nor about your hospital experiences, and the

interesting and shocking cases which you have seen, and about which he may be curious, nor about yourself. Let your personality be to a large extent a delightful and beneficent mystery; nor about the physician except in a formal and correct manner. Let it be understood that the physician is one to be obeyed, not discussed, neither himself or his orders; although if the patient should need to be reassured concerning the physician, it is your duty to do anything you can with reason and propriety toward that end. Under no circumstances should you permit yourself to gossip with the patient or with anyone else. Stamp this rule of conduct indelibly on your memory. The family may wish to draw you out for their entertainment or amusement, and by gossiping you may succeed in amusing them for a short time; but you will lose by it in the end, and you will lose much. You should be especially careful how you discuss the patient's condition with the family, who will continually question you about it. Your wisest course is to tell them as little as you can, to repeat what the physician has told them, or to tell them that everything is going on as well as could be expected under the circumstances. That last expression, though much time worn, still passes current and has good value. There are, however, certain topics which are quite safe for you to talk about with the patient and family, such as the weather, the news of the day, the theatre, music, books, literature, if you can manage them, and, if the patient is a woman, dress.

A good general rule is, to talk as little as you can with anyone, consistently with being pleasant and agreeable; to aim rather at being a sympathetic listener than at being a brilliant conversationalist; and when in doubt about a particular topic of conversation, to avoid it. In the long run, you will find being a sympathetic listener will make you more popular than being a brilliant conversationalist.

A special word of advice and warning is necessary regarding your speech and attitude toward the servants in the house. One of the best criteria for judging the quality of a nurse, is her ability to get on with the servants. The servants you will regularly find to be hypersensitive on the subject of nurses, and very ready to resent anything in your speech or acts which they can construe into an offense against themselves. They particularly resent being given orders by a nurse, feeling that they should receive orders only from their mistress; and they also dislike the extra work which the presence of a nurse imposes on them. You can very easily avoid trouble with the servants and disarm their hostility by the exercise toward them of a little thoughtfulness and elementary politeness. When you speak to them, do so pleasantly; when you want them to do anything for you, do not order them to do it, ask them to do it; and when you have made them some trouble, offer to do the extra work yourself, or say that you are sorry to have made them so much trouble. At the cost of a few such kind words, showing that you have a little feeling for them, you will in nearly every case get their good will, which means a great deal to you, for in most households, owing to the existing conditions of the servant problem, the servant holds a strategic position.

It may so happen in the household where you are on duty, that necessity for work other than strictly nursing arises when no one is at hand who can conveniently do it except yourself; or that such is apparently the situation. How shall you act in such a contingency? While it is proper enough that you should resent attempts to make you do work outside of your profession, you should never forget that circumstances continually alter cases. You should never for one moment let the idea stay in your mind that any kind of work, as such, is beneath you. Anything which is necessary for the comfort of the patient, or the relief, it may

be, of his overworked family, which you can conveniently do, you should not shy at as beneath your professional dignity. You will often show yourself more of a lady (and every nurse should be a lady) by helping an overworked mother in some of the housework, who can not, perhaps, afford to keep a servant, and on whom the financial strain caused by the sickness in the house may be greater than you imagine; than you will by standing aloof and being waited on, when the requirements of your case permit you to be at leisure.

All the personal qualifications for success in nursing which I have mentioned are harmonized and made effective by the great quality, tact. Tact is something that cannot be defined, but which is very keenly appreciated; and the lack of it is a fatal lack. If you have tact, you always do and say the right thing at the right time and in the right place. I have seen some splendid women fail as nurses because they were lacking in tact.

Honesty, loyalty and faithfulness I shall not discuss here. It is impossible to conceive of a nurse without these qualities. They are elementary qualities which a nurse must possess before she is eligible to be considered within the scope of these remarks.

The subject of the personal element in nursing is as large as human nature. I have touched on just a few of the practical points which seem to me to bear directly on the problem of your personal relations as nurses with other people and on how to solve that problem in such a way that you will succeed in your profession. It may be that you do not need any of the suggestions or warnings which I have given; if so, all the better; at any rate, it will do you no harm to have had your attention directed toward some of the danger spots which lie in your course.

In conclusion and summary, I call your

attention to a few rules of conduct, which I hope you already know by instinct, assuring you that it will pay not only in money, but in the approbation of others and in satisfaction with yourself, to follow them strictly.

Be sympathetic. Always be sympathetic. If you cannot be sympathetic, give up nursing.

Be kind.

Be patient. Never get peevish or lose your temper, no matter what happens. If circumstances arise which make it absolutely impossible for you to remain with a case, notify the physician and the family, and as soon as another nurse has been secured, quietly leave.

If you have been compelled to leave a case, analyze your own conduct carefully to find out if in any way you may have been partly at fault, so that you may be able to avoid a similar misfortune in the future. There is usually something to be said on both sides.

Be careful how you talk. Avoid talking about yourself, your hospital experiences, or the doctor, except in the most formal and proper manner, or the patient's condition, except to reassure where reassurance is necessary. Avoid talking shop. Never under any circumstances gossip. Remember that you will be more esteemed, as well as be safer, if you are a sympathetic listener, than if you are a brilliant conversationalist.

Be tactful. This is the great quality. With it you will go far; but if you are seriously lacking in it, you will find disappointment awaiting you in your profession.

Be loyal both to the patient and to the physician, and if you find yourself in a position where you cannot be loyal to both, quietly give up the case.

Finally, in the words of Shakespeare:

To thine own self be true,
And it will follow, as the night the day,
Thou canst not then be false to any man.

A Few Suggestions in Reference to the Management of Dermatologic Cases

PAUL E. BECHET, M.D.

New York

Assistant Physician, New York Skin and Cancer Hospital; Attending Dermatologist, Roosevelt Hospital Dispensary; Assistant Dermatologist, Presbyterian Hospital, Outpatient Department

SO LITTLE is known about dermatology, outside of those particularly interested in it, that it might be seemly to offer a few suggestions in the management of the commoner types of skin diseases.

The ignorance of the average nurse in matters dermatologic cannot be ascribed to a lack of interest, or wilful neglect of this subject, but rather to the scant space given this branch of medicine in the average training school, and the fact that the majority of patients suffering from skin diseases are able to be about, and do not call in a professional nurse, therefore she sees only a few cases at long intervals, with the result that her training in this particular respect is lacking. There are, however, a number of diseases in which the best results can only be attained with the assistance of a trained attendant. Such diseases, for instance, as pemphigus, mycosis fungoides, eczema universalis, dermatitis exfoliativa, extensive psoriasis, and lichen planus, form part of a group of skin affections which frequently require the services of a nurse. So important are these diseases that a number of deaths each year are caused by some of them. Pemphigus, mycosis fungoides, epithelioma, sarcoma, impetigo herpetiformis, and xeroderma pigmentosum are some of the diseases which frequently cause death, to say nothing of those diseases whose skin manifestations are most prominent, such as leprosy and pellagra, which also often end fatally.

In the management of skin diseases, an advantage not found in any other branch

of medicine, is the fact that it is possible to obtain the greatest accuracy of diagnosis, the lesions are exposed to view, and can be studied and watched. The results of treatment are plainly visible, the improvement following correct therapeutics, or ill effects from wrong measures, are manifest to everyone.

The most frequent skin disease is eczema, which, in its infinite varieties, forms about 30 per cent. of the total number of diseases reported by the American Dermatologic Association during the space of ten years. Suggestions as to its management will equally apply to the less frequent diseases.

If ointments are prescribed they should be absolutely smooth, and free from gritty particles. The greatest care should be taken to make sure that the materials comprising the salve are fresh, the least rancidity renders it irritating. In acute conditions, or on raw surfaces, ointments should be spread on the woolly side of lint, cut to the size of the lesions treated, or on thin absorbent cotton; this is then immediately applied to the diseased part, and left on. Ointments should be rubbed in only in the chronic stage of the disease. In circumscribed eczema of the arms or legs, when the lesions are few in number, the dressings can best be held in place by means of elastic material several inches wide, with ends sewed together, forming a garter, which should be sufficiently tight to hold the dressing in place, without in any way interfering with the circulation. In chronic eczema of the leg, and varicose ulcer, the best ad-

junct to whatever application is used, is the solid rubber bandage. This bandage should be of very thin rubber, capable of a great degree of stretching. It should be three inches wide, and about five yards long. It is not to be applied directly to the diseased skin, a thin dressing of gauze, cotton or lint is interposed. It is applied from the toes to the knee. The bandage should never be reversed, the heel must be left free. It is put on first thing in the morning, and removed with the dressing, after the patient is entirely ready for bed. The bandage is then washed in some antiseptic solution, preferably phenol (one dram to a pint), drawn through a towel, and hung on the back of a chair to dry. In the morning it is rolled up, and re-applied.

In eczema of the hands, after application of the ointment at bedtime, large, loose, cotton gloves are put on, and worn through the rest of the night. The hands do better when not bandaged during the day. Lotions are frequently used in eczema, especially when it is acute, or confined to the scalp or face. A majority of the lotions used, except on the scalp, are comprised of insoluble ingredients, so that the best plan is to pour into a small covered vessel, sufficient lotion to last several days. In the vessel a small piece of sterile linen is placed, and with this the lotion is sopped on the affected parts. If the eczema is very extensive, large pieces of linen or fine gauze, saturated with the lotion are laid on, and changed as often as they become dry. Lotions on the scalp are best applied with a large glass dropper, a certain amount of massage may be used, if the disease is not acute.

Powders, while infrequently used in eczema, are occasionally prescribed. Care should be taken that they are not allowed to cake upon the skin, or to become worked into a paste in the flexures of the joints, or other parts of the body. In the acute stages of eczema, it must be kept in mind

that water tends to aggravate the condition, therefore frequent bathing is contra-indicated. On the other hand, in certain other conditions—for instance, in order to remove the scales in psoriasis—baths are very useful. The patient should remain in the medicated bath from fifteen to thirty-five minutes. Most of the formulas used are for a thirty-gallon bath. The temperature of the water varies according to the patient, the season, and the effect desired.

Paints containing collodion as a vehicle are often used. They are usually applied with a camel's hair brush, twice daily, the old coat being removed before applying a fresh one.

In ringworm of the scalp, the best means of applying ointments is with a large stencil brush, the bristles of which have been cut down to about half an inch in length. The ointment is rubbed in very vigorously, with a circular motion, the object being to push the ointment down as far as possible into the hair follicle, which is the seat of the disease. Of course this procedure is feasible only in the absence of inflammatory symptoms. The hair around the patch of ringworm should be clipped short, and, if more than one spot exists, the whole hair should be cut off as close to the scalp as possible. The scalp should be shampooed every other day with antisepticized green soap, and a general application of a parasiticide ointment made once daily. A cap of several thicknesses of gauze should be worn beneath the ordinary hat—these caps to be daily washed or destroyed. The applications to the diseased spots should be made twice daily. Good results depend entirely upon the thoroughness with which the local treatment is applied.

In concluding these incomplete notes, I wish to impress the fact of the necessity of using lotions and ointments in large quantities—poor results are often due to the infrequent application of these articles in too small a quantity.

Fighting the White Plague in the Philippines

MONROE WOOLLEY

THE American official in the Philippines must be given credit and praise for his humane undertakings. Before American occupation disease was rampant, the mortality among babies was frightful, mostly through ignorance of mothers along sanitary lines, and the dumb brutes had no champion to save them from wholesale abuse. We not only placed the towns, cities, and countryside in sanitary shape, but our representatives early commenced a crusade against the white plague, the death rate of which, considering the size of the country, was, perhaps, greater than in any other one locality. Hospitals were established in which Filipino maidens were trained in nursing and domestic science, and finally in the interest of the unfortunate babe an American philanthropist, now deceased, came out and organized an institution, known as the *Gota de Leche*, where mothers are instructed and babies fed. Following in the wake of these humane aims, came the society for the prevention of cruelty to animals, an institution the sturdy little ponies perhaps understand much better than do their thickheaded, inhumane owners. Scrawny, week-kneed horses, with bleeding sores and burdensome cargoes are no longer common, while the death rate among babies and consumptives has been lowered to a gratifying degree.

The rainy season, the flimsy construction of native huts, and a meagre diet of rice and fish, lend themselves readily to the propagation of tubercular germs, and it was in changing all these things that the crusaders started their worthy work. Every one more or less, including the Filipino government employee himself, is a sort of self-appointed medical inspector, teaching the ignorant peasant better modes of life, particularly with regard to combating and

preventing disease. The American school teacher, to some extent unlike her colleague here at home, pays as much attention to disease and illness as she does to books and lessons. The government engineer traveling in the interior does what little he can to enlighten the unenlightened, and to assist in the work of the hospitals and laboratories in Manila.

There are but few families among the lower classes not infected to some extent by consumption. A thin-blooded system adapted to tropical life is naturally prone to infection. Hitherto, a member of a family suffering from consumption did not hesitate to mingle with the others, sanitary measures of all kinds being utterly ignored. Therefore, there was little cause for wonder when whole families fell to the onslaught of the monster. Sputum cups and separate dishes were unknown. At night the sufferer rolled on his mat on the floor with the mother and father, and sisters and brothers, spitting here and there, and coughing into the faces of the others. Now, most of the afflicted know that these things will not do, and these little precautions alone have made a marked reduction in the death rate, regardless of medicine and treatment. Babies and children in particular were formerly martyrs to the dread disease, but now, in the space of but a few short years, deaths through carelessness in contracting consumption are becoming rare.

The bureau of science, founded by our government and having some of the brainiest medical men anywhere at its head, is responsible to a great extent for these conditions. Its discoveries resulting from laborious, never-ending researches, are being heralded and appreciated in scientific circles throughout the world. The theories of the



NATIVE QUARTER, MANILA BAY

faculty in the cure of cancer have startled medical authorities, being in some quarters adopted with success. Remarkable progress is being made also in the cure of leprosy, the most remarkable achievements of the age being made by the Manila medical fraternity.

Consumption has occupied the attention of the bureau, as well as the government, from the very beginning. Recently one of the finest and most elaborately equipped hospitals in the world was completed for the civil government. While many similar institutions elsewhere are larger, none are better adapted to combat disease, especial provisions being made for consumptive patients. Besides this, large sums of money have been appropriated and medical inspectors sent broadcast to carry on the work of teaching and curing. It is a pitiable sight to see a peasant consumptive, wasted to nothingness from the ravages of the disease, clad only in a suit of duck, barefooted and bareheaded, sitting all day long under an umbrella as protection from the sun or rain, herding a flock of goats and getting the air of the outdoors. In caring for his flock,

from which he gets his nourishment, he likewise gets the other essential to a cure, fresh air.

An anti-tuberculosis society formed some years ago is lending valuable aid to the government against the great plague. Perhaps it has accomplished as much, or more, than the government along certain lines, though hampered to some degree in the matter of funds. There, as here, the society is resorting to all sorts of ways to raise money for use in its commendable work. Not long ago the municipal board of Manila set aside some 91,000 square meters of land near the El Deposito sanitarium on the outskirts of Manila for the exclusive use of this society. The land will be converted into gardens, where the patients of the institution may do light work while undergoing treatment. The society in many respects is carrying out the methods of similar institutions here at home, with such variations, of course, as seem appropriate to local conditions. The fresh air and sunshine treatment, with wholesome food, is the main method of treatment.

The Mary J. Johnston hospital, a de-



PASIG RIVER FISHERMAN

nominal institution endowed by private funds, has accomplished great good since its foundation. The institution is entirely non-sectarian, being open to Filipinos of all denominations, classes and creeds. This is not true of some of the other denominational hospitals. Another remarkable fact is the low percentage of deaths at this hospital, especially among children, many of whom are ill unto death when admitted. Usually out of every one hundred children born in Manila,

at least forty-five of them die, a horrible rate for infant mortality, yet one which is being lowered year by year. In the Mary J. Johnston hospital the number of deaths is only seventeen out of one hundred, the lives of eighty-three out one hundred being saved.

An interesting fact about this institution is that while founded by Americans it is used solely for Filipinos, mostly women and children of the poorer classes, a specialty being made of child births.

CHRISTMAS

Come thou, dear Prince, oh, come to me this holy Christmas time! Come to the busy marts of earth, the quiet homes the noisy streets, the humble lanes, come to us all, and with Thy love touch every human heart that we may know that love and its blessed peace bear charity to all mankind.

—*Eugene Field.*

The Treatment of Scarlet Fever*

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IT IS impossible to lay down specific rules which will apply to all cases of scarlet fever. One case begins with mild symptoms and continues its mild course throughout the duration of the infection. Another case begins with septic manifestations and symptoms indicating an overwhelming amount of toxin, which requires heroic treatment, hence one is compelled to study and individualize each and every case to be successful. The principal aim in treatment should be the prevention of complications, if such is at all possible.

Rest in bed for at least five or six weeks is imperative, be the case mild or severe. This rest in bed will prevent nephritis, will also support the heart, and in a large measure prevent cardiac complications. Allowing the child out of bed after fever subsides during the first week or ten days of illness is responsible for many fatal complications, especially of the lungs and ears.

It is our duty to impress on the laity that rest in bed means the prevention of complications. Uniform warmth, especially after desquamation, is demanded. The skin is hypersensitive and chilling the surface invites re-infection.

Elimination of Toxins—Elimination of toxins through the three emunctories—the skin, the kidneys and the bowels—is of the greatest importance. The toxin of scarlet fever does not stimulate peristalsis, but rather paralyzes the same, hence the daily administration of a teaspoonful cascara elixir alone, or assisted by a soap water enema, should be a daily routine performance. The toxin of scarlet fever disturbs the secretion of the kidneys, hence it is advisable at the very beginning of the treatment to give a 10 to

15-grain dose of citrate or bi-tartrate of potassium, in addition to a little lemonade to stimulate diuresis, several times a day. These two emunctories are the main channels for eliminating toxins which cause fever, and besides interfere with the proper function of the various glands. We must not permit stagnation of toxins in the body, hence in septic cases active catharsis must be maintained and calomel or podophyllin should be given each day. High colonic flushings with 1 dram of inspissated oxgall added to 1 pint of tepid water will produce thorough intestinal cleansing.

The toxin inhibits the internal secretions. Because of this condition, the ductless glands, the adrenals and the thyroid do not functionate. I have seen excellent results follow the internal administration of adrenalin as well as thyroid.

Fever Treatment—Seek the cause of fever. Do not use antipyretics; they depress the heart and mask symptoms, and disturb the clinical picture. If pyrexia causes delirium, a hot mustard bath will allay irritability. If convulsions appear lumbar puncture should be employed to relieve intracranial pressure. Draining 10 to 15 c.cm. of spinal fluid is very soothing in prolonged cerebral irritation, and relieves nervous manifestations, e.g., twitching.

The temperature can be reduced by laxatives such as citrate of magnesia, which, in addition, is a good diuretic and quenches thirst. In a case of hyperpyrexia due to a severe infection a rapid means of reducing temperature is to wash the colon with one quart of tepid saline solution.

Prophylactic Measures—Pathogenic bacteria persist in the lacunæ of inflamed tonsils for many days and weeks. The use of a

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5 per cent. formalin spray in the nasopharynx will frequently destroy such organisms.

This treatment must be continued several times a day throughout the disease, if we wish to prevent reinfection. The installation of a few drops of a 5 per cent. formalin solution into the nostrils twice a day is useful as a prophylactic early in the disease.

By careful nasal spray or instillation we need not fear entering the Eustachian tube. The frequent complication of diphtheria with scarlet fever demands earnest attention. In a series of observations made at the Willard Parker Hospital we have found that the routine method of administering to each and every case of scarlet fever, on admission to the hospital, 1,000 units of antitoxin has reduced the complication of diphtheria by at least 25 per cent. If, however, in spite of this prophylactic injection, nasal, tonsillar or laryngeal diphtheria develops, then an injection of an additional 5,000 units should be given, and this dose of 5,000 repeated, if necessary, in twelve hours. If in a severe scarlet fever the odor of necrosis is present, then 5,000 units should be injected in the beginning of treatment, regardless of the presence of the Klebs Loeffler bacillus. Anaphylactic shock should always be remembered when employing large doses of antitoxin.

Croup, Laryngeal Stenosis—When this complication arises the same treatment—5,000 units of antitoxin plus intubation for the relief of the stenosis—may be demanded. Great caution must be used in introducing the tube lest we produce ulceration or even false passages by applying force. Decubitus may follow traumatism during intubation or extubation.

Nasopharyngeal Irrigation—Loose necrotic patches and post-nasal discharges are a source of danger to the Eustachian tube. One must always bear in mind the ease with which pathogenic bacteria can enter the middle ear through the pharyngeal opening

of the Eustachian tube. It is important to wash the naso-pharynx with a normal saline solution morning and evening or oftener, because there is great danger of infecting the Eustachian tube. Following such washing, the installation of Dobell's solution, or 20 per cent. argyrol solution will disinfect the nasal passage and in some cases prevent aural complications.

The Ears—Daily examination of the middle ear should be made; thus can otitis be recognized early, and a congestion or bulging given early treatment, before an extension into the mastoid cells has developed.

Mastoiditis—Excepting in rare instances, I am not in accord with the too prevalent idea of operating on the mastoid for ordinary mastoid tenderness. A free incision into the drum is sufficient, as a rule, to relieve the tension of an acute otitis media. If such tension is not relieved and bulging persists, then another paracentesis should be performed, and thorough drainage thereby established. The external application of a hot-water bottle or a hot poultice will frequently aid in aborting mastoiditis. The ice bag and ice coil have given me no satisfaction.

Cervical Adenitis—When such complication exists, then a careful inspection of the nasopharynx and the middle ear should be made. This is necessary so that we can exclude such complication before treating the glands. A warm flaxseed poultice and the daily inunction of compound iodine ointment rubbed thoroughly into the glandular tissue once daily has proven effective in very many cases. The above treatment applies only to hard, swollen, non-suppurative glands.

Vulvovaginitis—Catarrhal discharges due to the streptococcus and the gonococcus will be a source of serious annoyance during the course of scarlet fever, and demand strict hygienic measures, otherwise there is danger of infecting the eye. A case of gonorrheal

ophthalmia was recently seen by me at the Willard Parker Hospital, in which blindness followed the infection. The installation of a 20 per cent. nitrate of silver solution by means of a medicine dropper, once, in the vagina, is usually sufficient to destroy the gonococci. For cleansing the parts I advise a solution of powdered alum 1 dram, borax 1 dram, and 1 pint of tepid water, to be douched morning and evening.

Vaccine Therapy—The injection of 50,000,000 to 100,000,000 gonococci in the form of a vaccine has been tried by me in the treatment of vulvovaginitis. While in some isolated cases the discharge lessened, gonococci persisted. In cases of multiple furunculosis due to the staphylococcus almost specific results followed an autogenous vaccine injection of 50,000,000 to 150,000,000 bacteria. But in no other infection was this specific effect of vaccine therapy apparent.

Serum Therapy—There is no specific serum in use today, because neither the etiology nor the bacteriology of this disease is understood, and yet the presence of streptococci in the throat and in many of the discharges lends color to the supposition that it is the causative factor.

Moser's antistreptococcus serum showed specific effects in some cases within twenty-four to forty-eight hours after one injection at Escherich's clinic. This was the case with anti-streptococcus serum, as well as streptolytic serum made in this country. No specific action could be traced to these serums. Complications arose just as before.

Erysipelas Complicating Scarlet Fever—The local treatment with Burrough's solution, or the use of a 20 per cent. aqueous ichthyol solution is good in some cases. I have seen excellent results from the use of the application of pure alcohol, the saturated gauze being covered with oiled silk. The supersaturated solution of magnesium sulphate is very successfully used at the

Willard Parker Hospital and is worth recommending.

Pertussis—When pertussis complicates scarlet fever, large doses of codein should be given—one-eighth to one-fourth grain every three hours for a child one to two years old. If older, then one-fourth to one-third, or even one-half grain repeated every three hours has relieved the paroxysms, and induced sleep. A plaster support to the ribs will modify the cough, if applied very snugly. When codein fails, sodium bromide combined with chloral hydrate may be tried.

Measles—No complication is dreaded more than measles, because of broncho-pneumonia, croup, otitis and empyema supervening. Exposure to cold draughts in broncho-pneumonia ends fatally. Warmth or moderate temperature are well borne. Dry cupping and warm, moist fomentations soothe and relieve pulmonary congestion. Small doses of Dover's powder are useful. Active catharsis relieves toxemia. Warm demulcent drinks are indicated.

Nephritis—Daily supervision of the urine will be the guide for an early diagnosis of acute renal congestion, and show when nephritis develops. Suppression of urine demands the application of dry cups twice a day, followed by a warm bath at the temperature of 102° to 104° F. for about two minutes, after which the patient should be wrapped in a warm bath towel and covered by warm blankets. A cup of warm tea or hot lemonade will stimulate both diuresis and diaphoresis. This active treatment should be repeated every twelve hours until acute suppression subsides.

Diuretics—Agurin, diuretin and theocin, 2 to 5 grains, for a child three to five years old may be given three times a day.

The salt-free diet, so plausible in theory, is not proven useful in practice. I could not convince myself of the absolute value of salt-free diet in any one case.

Pneumonia—The most frequent type of broncho-pneumonia, or even lobar-pneu-

monia, complicating scarlet fever, is best treated by placing the patient in a large room with plenty of fresh air, avoiding draughts. *When placed out of doors they do badly.* The depressing effect of scarlet fever lowers the vitality, and such cases succumb easily when exposed out of doors. *Hence roof treatment is dangerous.*

Empyema—Paracentesis to relieve the purulent exudate. Avoid the shock of an operation. Remember that part of the elasticity of the thorax is wanting when ribs are excised. Call the surgeon early in the disease. If possible local anesthesia should be used.

The Heart—The supervision of the heart in scarlet fever must be constant. The toxin carried through the blood current devitalizes the blood itself, weakens the heart muscle and causes a general toxemia. Myocardial insufficiency can be avoided by judicious diet and continuous stimulation.

Stimulation—Strychnin should be given early in the disease. My plan is to stimulate *before the heart shows weakness*, and continue this plan throughout the disease. Caffeinsodium-benzoate one-half grain every two or three hours is an excellent diffusible stimulant. Digitalis, owing to its cumulative effect, is a dangerous drug. Digitoxin, sold in the drug stores as digalen, in 5 to 10-drop doses, three or four times a day, will support a weakened heart. Whiskey in very small doses, 5 to 15 drops, when required. Dram doses irritate the gastric mucosa and may in a susceptible child cause delirium. In large doses it is especially irritating to the kidneys. The indiscriminate use of whiskey as a routine treatment should be condemned. Much better results will be obtained by an injection of 10 to 20 drops

of a 1 to 1,000 adrenalin solution, repeated every hour until proper effect is noted. This adrenalin is more rapid in effect than digitalis or digitoxin.

No organ of the body requires stricter supervision than the heart. The temperature will be found of no service in estimating a cardiac complication. The presence of muffled heart sounds or a bruit are indications of impending cardiac weakness.

When symptoms of collapse are noted the injection of 5 to 15 drops of camphorated oil (20 per cent. camphor in oil) will prove beneficial, and should be repeated until the desired effect on the heart is noted.

Feeding—Remembering that the peptic glands do not functionate properly, we must reduce the fat and casein content of the food to less than the normal patient requires. My rule is to give milk diluted with an equal quantity of water, sweetened whey, or fat-free milk fermented with the Bulgarian bacillus. This Bulgarian milk is very digestible, and owes its digestibility to the casein lactate. Besides its nutritive value it also has a slight laxative property. In cases in which milk is not well borne, vegetable proteid in the form of split pea soup may be tried. Liberal quantities of water should be given. Likewise the fruit juices. Orange, pineapple, lemon and grape juice may be given with advantage. This light diet should be used until the acute febrile process subsides, generally after one week.

After convalescence is thoroughly established we may give whole milk or sufficient of the carbohydrates, such as well-steamed farina, tapioca or cornstarch pudding to be made with milk and sugar, but without eggs. Meat is too stimulating and should be excluded from the dietary.

The Nursing of Children

ZULA PASLEY

CHAPTER VI

PREMATURE BABIES

BATHING—Medical authorities agree that the regular bath is not wise for the premature infant. For the first cleansing the infant should be anointed with warm oil or albolene. If necessary, a little warm, soapy water may be used to remove the vernix caseosa, as there is more on the premature than the normal infant. After this cleansing it will not be necessary to give a bath for some time. After an evacuation of the bowels the buttocks can be cleansed with albolene or vaseline. It may be necessary to sponge the face and hands, but it will be seen that water causes chafing, irritation and even cracking of the skin. A little bicarbonate of soda added to the water may relieve the condition. It is better to use no water, but simply vaseline, which removes the dirt and acts as an emolient.

A gentle massage should be given each day and an oil rub at least every other day. Olive oil should not be used for this purpose, for even if pure—which is rarely the case—it is not readily absorbed by the skin, and its use may cause an eruption; benzoinated lard or coconut oil are far better.

Handling—The premature infant's physical condition demands rest. His daily rubbing and cleansings may be given without removal from the incubator. The nurse must remember to alter his position every few hours to insure comfort. Care should be taken to notice that the ear is not folded over, as permanent deformity may take place.

Weighing—The incubator that has a scale attachment gives the infant that much advantage. If not, the child may be removed once daily to be weighed, as the gain or loss

in weight is one of the guide posts to his care. The room should be warm and protected from draughts. The scales should be accurate beyond a doubt and weigh to half ounces with accuracy.

General Care—The eyes should be cared for as in any young baby. The nose should be kept clean by means of a tiny cotton applicator. The mouth should be inspected several times a day and gently cleansed often enough to keep it in good condition. Do not use the finger for this cleansing, but a large, soft applicator, handling it with great care, so as not to break the tender membrane.

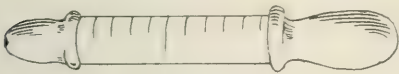
Note carefully the amount and frequency of urination and bowel movements, and see that these excretions are promptly removed. Keep the parts very clean, especially about the urethra, as a bit of dried secretion may interfere with urination.

Nursing—Incubator babies are, as a rule, too weak to nurse from the mother's breast. The attempt is sometimes made, only to find that when the child appears satisfied he is merely exhausted, and has not secured much nourishment. If the teterelle can be used, so that the quantity of milk taken may be seen, it may be well worth while. This is a combination of breast pump and feeder; the mother, by suction on the top tube, draws the milk from her own breast, and then gently, drop by drop, feeds it to the baby without loss of time.

When to Begin Feeding—The nurse must, of course, follow orders in this, but she should remind the physician and see that he gives her some definite plan to go by. Plenty of water should be given from the start. Rotch

and Holt give nothing but water or a solution of milk sugar (for keeping up the bodily heat) for thirty-six hours. Cotton advises feeding within a few hours after birth, and DeLee places great emphasis on early and persistent feeding.

Mode of Feeding—If a small doll's spoon can be had, it may be used in feeding, but a spoon is never very satisfactory, as it is difficult to judge of the amount actually taken. A medicine dropper is much better, but a slight roughness on its edge may injure the child's mouth and the whole dropper is rather sharp. Probably the most satisfactory feeder is the "Breck," which consists of a short graduated glass tube, with a rubber nipple at the lower end, and a rubber bulb



BRECK FEEDER

at the upper. In filling, both nipple and bulb are removed, a cork inserted in the lower end, the proper amount of milk put in, bulb and nipple replaced. The bulb is used for injecting the milk into the child's mouth, as many of these babies are too weak to make the exertion required in the act of sucking. Care should be taken in using this feeder to have both it and the milk warm, as cold milk is hardly the thing for a feeble infant.

Amount of Food—The tendency is always to overfeed a premature baby. This may cause simple regurgitation, but even this is dangerous, because particles of curd may get into the trachea and cause pneumonia or asphyxiation, or the action of the heart may be affected by an overfull stomach.

Cooke's rule for feeding is to "give half the strength and half the amount, twice as often as to a full-term child."

DeLee goes by the child's weight and his tables are very exact. To a child weighing less than three pounds he gives 15 drops of

nourishment every 30 minutes for the first day of life, 30 drops every 45 minutes the second day, $1\frac{1}{2}$ drams every $1\frac{1}{2}$ hours the seventh day, and so on. For a baby weighing about four pounds he begins with one dram at 45-minute intervals.

The nurse's record should show the amount actually taken in twenty-four hours. A very small baby may not take more than two ounces per day at the start, while a larger one may take as much as five ounces. The quantity may, as a rule, be increased rapidly, till it is 4 to 10 ounces at the end of the first week. After digestion is well established, the rule is to give an amount equal to one-fifth of the child's weight.

Each baby presents an individual problem in the matter of feeding, and the child's condition and appetite must govern the nurse somewhat. If there is no regurgitation and the digestion seems good, the amount may be cautiously increased. Very often the doctor leaves the entire matter to the nurse, but it is her duty to keep him informed of all conditions.

Kind of Food—The best authorities consider breast milk essential in feeding premature children. It should be obtained at all costs, and since the quantity required is so small this should not be difficult. In a hospital, two mothers might be asked to each furnish a part of the amount. It is not necessary that the woman from whom the milk is obtained should be recently delivered, though it is advisable that her child be not more than six weeks old.

It is best to obtain fresh milk for each feeding, but if this cannot be done, it may be kept in a bottle on the ice. All utensils, breast pump, bottle, etc., used should be sterile, the nurse's hands and the woman's breast carefully washed. The bottle of milk should be shaken each time before using so that the cream may be evenly distributed.

At the beginning, equal parts of breast milk and a 4 per cent. solution of milk sugar may be used. Pure breast milk may be

tried about the fifth day and if well borne may be continued.

As a substitute for mother's milk, whey diluted about one-third, with a small amount of cream added is excellent. Predigested milk combined with barley water, is sometimes ordered. Peptogenic milk is also used. Most physicians do not try the prepared foods. Some physicians use a drop or two of brandy with each feeding.

Gavage, Nasal Feeding—Some premature infants are so weak and small that they are unwilling or unable to swallow. A stomach or nasal tube may be used in these cases.

The tube, a small catheter, should be sterilized, and a small sterile funnel attached to it. (The body of a glass dressing syringe may be used, if no small funnel is at hand.) One encounters no difficulty about inserting the tube, and there is little danger of its going into the trachea. Raise the child's head a little and turn it slightly to one side. Fill the tube with milk and clamp it with the fingers while it is being passed. It is best to have a mark upon the tube about four inches from the eye, to insure its insertion a proper distance. The required amount of milk is poured slowly into the funnel, allowed to run

down, and the tube gently withdrawn. The child should be laid carefully back upon his bed and allowed to rest for some time afterward. Any regurgitation or symptoms of overfeeding should be reported.

Rectal Feeding—It may be necessary to resort to rectal feeding. For this use a medicine dropper or the smallest catheter obtainable. The nurse will probably find the dropper easiest to manipulate, but she must exercise the greatest possible care not to injure the delicate tissues. The fluid should be given very slowly indeed. After its administration a piece of cotton should be held against the anus for some time to insure its retention, but the peristaltic action of the intestine is usually feeble, and little difficulty is experienced. Alcoholic stimulation may be given with rectal nourishment.

The care of premature children demands
Constant attention,
Exactness in detail,
A gentle touch,
Minute observation.

To the nurse who can give these the results are often very definite. She frequently saves a life, and always gains the appreciation of the physician and the family. The specialty is one not overcrowded.

CHRISTMAS

I have always thought of Christmas time—apart from the veneration due to its sacred name and origin, if anything belonging to it can be apart from that—as a good time; a kind, forgiving, charitable time; the only time I know of in the long calendar of the year when men and women

seem by one consent to open their shut-up hearts freely and to think of people below them as if they were really fellow-passengers to the grave, and not another race of creatures bound on other journeys.

—Charles Dickens.

Guy's Hospital, London

EMILY HARRISON BANCE

IT IS a bright May day in London. Won't you come with me? We will take a "bus," cross old London Bridge, pass up Borough High Street and along Thomas Street to Guy's Hospital.

Guy's Hospital, one of the most important in London, admitted its first patient in the year 1725 on January 6, three years after the first stone of the building was laid. However, its history practically began in the year 1644, when, in Horseleydown, a little boy was born, little Thomas Guy, the future founder of the hospital. It is interesting to watch this man's career for, had it not been successful, the hospital never would have been built.

Thomas Guy, who lived to be eighty, began his career as a bookseller, with a small capital of £200 (\$1,000). He imported English Bibles from Holland, as those printed in England were so inferior. When this branch of his business failed he made a contract with Oxford University for the privilege of printing bibles, which he carried on for a great many years.

However his large fortune was made, not on bibles, but on the South Sea Company's stock. Guy, during Queen Anne's wars, purchased many prize tickets from seamen at a large discount and then invested them in South Sea stock and in this way amassed a large fortune—about £500,000 (\$2,500,000).

The South Sea Company was formed of a body of men mostly merchants, who secured the monopoly of the South Sea Islands trade.

In those days people in general had an exaggerated idea of the riches of South America and these islands. The trade was principally controlled by Spain and the S. S. Co. so represented things in general to the public that hundreds of English people in-



MONUMENT TO THOMAS GUY

vested in the stock under the impression that Spain would share her rights, which was not true.

The company flourished for several years and then suddenly collapsed, many people being totally ruined. This happened in 1720. Those who sold out when the stock was at its height made a great deal of money and Thomas Guy happened to be one of these fortunate people. Had it not been for this era in the financial world Guy's Hospital would never have been built.

Guy had the reputation of being very avaricious and miserly, he always dressed meanly and had an extremely melancholy aspect.

Picture to yourself this old man, generally looked upon as selfish, close and of an



LONDON BRIDGE



GATE TO GUY'S HOSPITAL



GUY'S HOSPITAL



WARD IN GUY'S HOSPITAL

unhappy disposition, while underneath this outward nature, his heart must have been truly good and charitable. Perhaps his conscience reproached him when he thought of the many people ruined in the company which made him rich.

When Guy was seventy-six years of age, he began plans for the building and endowment of Guy's Hospital. First he leased a large piece of ground, then occupied by a number of very old houses. This ground was leased for 999 years at £30 a year. The houses were pulled down, the space cleared and the first stone laid in 1722.

On December 27, 1724, just a few days before its completion the poor old man died and nine days later the hospital admitted its first patient.

The whole expense of erecting and finishing the hospital was £18,796 16s. (English money), a great part of which was expended while Guy lived. He also bequeathed £219,499 to endow the buildings thus ensuring its continuance.

These two sums taken collectively, formed the largest bequest ever given before by any one person for charitable purposes.

And thus, this lonely old man, who lived unappreciated and misunderstood by his fellow men, died, leaving his name at the head of princely benefactors to suffering mankind. Thus his name is handed down to posterity.

Soon after his death, his executors, following directions in his will, procured an act of Parliament for incorporating themselves and fifty-one other men as president and governors of the hospital.

As the years passed, other people left money for the endowment, following the example of the aged founder. So now there is a large annual income.

At first the number of patients amounted to only 402. The institution now contains 500 beds, relieves 5,000 in-patients and 70,000 out-patients annually.

There is also a residential college of fifty students and a good dental school.

The usual number of directors is sixty and they are now self elective.

The building consists of two quadrangles, besides two large wings extending from the front to the street, the whole building being very handsome and regular.

Several famous men have been connected with the history of this hospital.

That wonderful English poet, John Keats, who died in Rome, at the early age of twenty-five, was at one time a student at Guy's and apprenticed to a surgeon. It seems impossible to imagine this poet who wrote *Endymion* and the *Eve of St. Agnes*, a medical student.

The Rev. F. D. Maurice, a distinguished clergyman of the Church of England, a wonderful thinker and writer, was the hospital chaplain for ten years. This man was a warm and enlightened friend of the working classes and founded the first working man's college in London. Probably no clergyman has ever lived more deeply loved and revered by the rich and cultivated and by the poor and humble.

Sir Astley Cooper, the most celebrated surgeon of his time was made surgeon to Guy's Hospital in 1800 at the age of 32. Two years later he won the Copley Medal of the Royal Society by writing an essay on the membrana tympani. In 1807 he gave his great work on hernia to the medical world. This work with illustrations, almost life size, was of great value to science.

Hernia, its anatomy and the mode of operating for its relief being very little understood in those days.

Another enlightening work entitled, "Dislocations and Fractures" won him considerable renown.

This surgeon was the first to attempt the tying of the carotid artery, an unsuccessful attempt it is true, but he led the way for those surgeons who have since ligated it successfully.

In 1817, he tried what has been considered the boldest attempt in surgery—the lying of the Aorta—which as we all know was not a success.

In 1820 this daring surgeon removed a steatomatous tumor from the head of George IV who, six months later made him a baron as a reward. This recovery was, when we consider the times, most miraculous.

Later Sir Astley Cooper became sergeant-surgeon to the king. This remarkable man was a wonderful teacher and writer, and imparted priceless knowledge to the students of Guy's Hospital. He elevated medical surgery, the operations of which, before his time had been considered "frightful alternatives," into a science.

He died in the year 1841. Before we leave the hospital let us enter the chapel where his body rests. A large monument is erected in St. Paul's Cathedral to his honor and memory.

In the chapel of the hospital stands a fine marble statue of Thomas Guy, by Bacon, which cost £1,000 (\$5,000).

Such a man needs no monument of marble. Every crippled suffering child, every poor wretched outcast who receives help, comfort and aid from this large building of healing is a testimony to the kind old heart and tender nature of Thomas Guy, hidden from prying eyes under a forbidding and unprepossessing personality.

NOTE.—The first trained nurses who came to this country to teach systematic trained nursing, came from Guy's Hospital in 1885 to Philadelphia.

THE CHRISTMAS PUDDING

(A RECIPE)

Take some human nature—as you find it,

The commonest variety will do—

Put a little graciousness behind it,

Add a lump of charity—or two.

Squeeze in just a drop of moderation;

Half as much frugality—or less,

Add some very fine consideration,

Strain off all poverty's distress.

Pour some milk of human kindness in it,

Put in all the happiness you can.

Stir it up with laughter every minute,

Season with good will toward every man.

Set it on the fire of heart's affection,

Leave it till the jolly bubbles rise,

Sprinkle it with kisses—for confection,

Sweeten with a look from loving eyes.

Flavor it with children's merry chatter,

Frost it with the snow of wintry dells,

Place it on a holly-garnished platter

And serve it with the song of Christmas

Bells.

—*Mt. Sinai Alumnae News.*

The Private Nurse's Trials and Their Compensations

ANNETTE FISKE

THE difficulties encountered on the cases described in the last article were largely due to circumstances of nursing in the families of the wealthy. The conditions of nursing in the families of the poor, or even those of moderate means, bring quite a different set of trials; the trials of doing without and of being obliged to fill in nooks and corners that some nurses are foolish enough to regard as not in their province.

It was a cold winter's day when I got a telephone call from a doctor for whom I had worked a number of times to come to a town some miles from the city and nurse a woman with pneumonia. The doctor met me at the train and drove me to the house, which was in a humble neighborhood a short distance out. When we got in, I found the patient in bed in a room just off the kitchen, having been moved down from upstairs for the sake of warmth, as there was no heat in the house but that from the kitchen stove. The husband had broken his arm some weeks previously and was still unable to work. There were several men roomers, Norwegians like my patient and her husband, and a neighbor had come and was supposed to cook the meals and keep things tidy. As Dr. C. said, "You will live well, for I know Mary, and she can cook." Well, perhaps she could. I don't know, for she departed on one excuse or another about ten minutes after my arrival and I never saw her again. So far as I could find out, she thought the sickness contagious and was afraid for her little boy. What the sickness was I am not sure to this day. It did not seem like pneumonia, and there was some abdominal trouble that proved very serious for some days. To complicate mat-

ters, a baby was born on the third day. The first day the patient was so sick I had little thought for anything else. It was very fortunate she had been moved down to the room next to the kitchen, for I learned from experience that her upstairs room was a very frigid one. That was my room. The furniture consisted of a trunk, if you can call that furniture, and two chairs. Several days later the husband took a mattress from his bed and put it on the floor for me. He offered me his room, but as it had only one little window up by the ceiling, I thanked him and suggested the mattress. I had been at the house over twenty-four hours before I could think of sleeping at all and then I planned to spend my two hours of sleeping on a short, stiff sofa with wooden arms at either end that I had seen in the parlor. Alas, company came and occupied the parlor and I was driven to retiring to my own quarters. I looked about the desolate apartment in despair for something to sleep on, one window pane being broken and the bare wooden floor too draughty to be thought of. I could hardly keep my eyes open and was bound I would not give up my nap. Finally I discovered that one of the chairs and the trunk were of about the same height, so I combined them, put on such wraps as I had with me, and curled up on my improvised couch. Yes, I slept and awoke refreshed in spite of circumstances, and I laughed to myself to think to what a make-shift I had been reduced. The next few nights I slept on the little sofa, which was taken into my patient's room—there was just space enough for it by the door. At least I caught cat naps there, for she needed too much watching for me to sleep much, and besides the

sofa was far from comfortable. After that, as they could not afford another nurse and I needed to get some sleep, there being no way for me to get proper sleep in my patient's room, the husband went down and slept with his wife, so that he could do for her himself or call me if necessary. It was then that I had his mattress on the floor in my room, where I slept the rest of my stay.

I had the husband's and my own meals to get, the baby's clothes to wash, the patient's room and the kitchen to keep in order, besides mother and baby to care for. A sister came in to put the roomers' rooms in order and brought bread and cake for our meals. I was there ten days and I really enjoyed my stay. They were nice people and very appreciative, and they tried to make the work as easy as they could. Although it was twice a question of life or death with the patient, she pulled up and was doing well when I left. They insisted on paying me more than I charged it was impossible to ask regular rates, though they expected to pay them, and altogether I felt better satisfied when I finished than I have on some better paying and far easier cases.

Another time I was called to a confinement case in a small town. The husband worked in a factory and he and his wife had been living in two rooms and going out to meals. It was the first baby. When I arrived, I found I was expected to sleep in bed with the patient and baby, while the husband slept in the sitting room. They were quite dismayed when I said I could not do that, for they had not thought of there being any objections. So they suggested my sleeping in the sitting room and Mr. I with his wife. Of course, that would not do either if any other arrangement was possible. So I moved a morris chair into the narrow space between the bed and the window and slept in that the ten days of my stay. The patient's meals I cooked on a tiny kerosene stove, which was not very satisfactory, as one thing was almost sure to

get cold while another was being cooked, but it was all they had. I had to go out for my own meals and the husband's mother took my place while I was gone. They were pleasant, kindly people and satisfied with everything, my make-shift cooking included, in spite of the small quarters and inconveniences. Why then, should I not be? I was only there for ten days. They had to manage for some time, though they planned to move into larger quarters at an early date. They tried to make me comfortable and were very appreciative. Some people of wealth might take example from them.

It is not always among the very poor that it becomes necessary, or at any rate desirable, at times for the nurse to help about the house. I recall two cases where I did considerable housework, and quite enjoyed it, too. In the one case it was necessary. I was called to two young women with the grippe. Neither one was sick enough to need much nursing, though one was in bed all the time, and the first day or two I had little to do beyond read and run errands. The only other member of the family was a brother, who was gone all day on business. The second girl was doing the housework, the cook having been recently dismissed. About the second day the second girl came down sick with the mumps and had to be sent away to a relative. Neither sister was in any condition to go maid-hunting or to do housework, so I "pitched in" and did the cooking. It was not a large house and they succeeded in getting a girl of fifteen to come in each day to sweep, wash dishes, and the like, and I had only to superintend her. After I had been there about eight days a maid was secured and I left for home, laughing over their high-priced cook. The other time I have in mind, I brought the housework on myself. My patient had expected to leave town on a certain date with all her family and the two maids had secured places. As the

time approached it became evident that my patient could not go the day planned and the family were in a quandary. So I suggested that the rest go exactly as they had planned and that she and I keep house together—she was convalescing, though not out of bed. There was a woman who could come in to do the heavy work. The family were rather reluctant to agree, as they felt it was imposing on me, but I persuaded them it was best and my suggestion was carried out. She and I kept house very happily for a week or ten days and then I escorted her to join her family. She was very pleasant and easily pleased, and though I only cooked such things as could be prepared on a gas stove without an oven, she was perfectly satisfied. I helped her to do the family mending and put away the winter clothes and we really had a cozy, pleasant time. She was so pleased at the arrangement and so appreciative one could not but be happy.

It seems to me that on these cases among people of small or moderate means, where it is impossible to provide all the service and conveniences that might be considered desirable, the great thing is to meet the people in a spirit of helpfulness and comradeship. It is when the nurse feels she is better than the people she serves and is heedless of their feelings and their comfort, outside the sick room at any rate, that she finds things hard and disagreeable and also leaves an ill reputation behind her, something she does not always realize and perhaps does not care for, though it affects, to a degree, the stand-

ing of all trained nurses. Two weeks in the close quarters of an East Cambridge tenement, where all the family had to wash at the kitchen sink and eat in the kitchen, made me acquainted with some very kindly people who wanted to do all in their power to make me comfortable. The greatest fault I had to find with them was the way they spoiled the little girl of three, trying to bribe or threaten her into obedience. What could that nurse have had in mind who cared for the sister of my patient before the latter was married and when she had all the housework, including washing and ironing, to do—what could she have been thinking of when she went out in a drenching rain in a fresh white skirt from which her patient's sister must wash the mud when she got in? Can you imagine her finding anything but trials on that case, and can you see how the family could look with anything but dread upon the advent of another such reckless person? She, too, it was who never made an egg nog for a patient without making one for herself! Of course, that nurse did not stop to consider how her conduct impressed the people she was with. They were not worth considering in her eyes, but she forgot that she was lowering herself to their level by such conduct, or rather below their level, for they would never have been so inconsiderate. If one is reasonable in one's demands upon others and ready to meet any reasonable demands on their part, trials, other than those due to character, and those also to a degree, disappear, or dwindle to insignificance.

CHRISTMAS BELLS

"And may the Christmas bells ring out,
And human kindness increase
Till through the world shall come about
The dawn of flawless love and peace."

JOEL BENTON

The Hospital Turkey

KATHERINE COOKE

IT WAS three days before Christmas. In all parts of the country people were getting ready in happy anticipation of the day with its old-time pleasures in store for them.

In a farm house outside the village of Milden, Mrs. Jamison and her son Jack sat at supper. Mrs. Jamison looked very much worried, and Jack did not seem to enjoy his meal as much as usual. "Jack, have you looked everywhere?" asked his mother. "Yes, truly I have," answered Jack. "But Jack, that's the third turkey that has been stolen within a week, and if the other one goes, we shan't have any to send to the hospital, and you know we have always sent three." "Well, mother, truly I did look everywhere," said Jack, sobbing, "and I'll look all day to-morrow, too." "Never mind, Jack; go to bed, and I'll watch that the other one doesn't get away. We musn't disappoint the nurses at the hospital."

Jack went upstairs to bed, while his mother went out to see that all was secure around the farm yard. There had been many thefts lately, and they were beginning to tell upon her pocketbook. First, half her potato crop had been dug for her and taken away in the night. Melons had been stolen, then some squashes. Until this year she had been very fortunate in raising turkeys, and for several years had supplied the village hospital, not only with turkeys but also with eggs, vegetables, etc. This summer many of the little turkeys died, leaving only four to grow for Christmas time. So she planned on three for the hospital and one for Jack and herself. One by one they had disappeared, and now the prospects were slim even for the hospital nurses. Thoughts of these things were in Mrs. Jamison's mind

as she fastened the door where the turkey was concealed, and she went into the house feeling as if she ought to watch all night for fear he would be stolen.

* * *

In the nurses' home of the village hospital were assembled several of the nurses, talking happily together. "Say, Mary," said one, "do you suppose we will have any kind of a spread for Christmas this year? We've had such awful meals lately. I cannot imagine a good feed once more." "Oh yes," said Mary, one of the older nurses, "we always get our turkeys from a Mrs. Jamison out in the country, and they are *great*. Her little boy is the one who comes with the eggs every week." "Oh, say, girls," said one of the other nurses, "let's ask him to stay to dinner with us Christmas. He is the dearest little fellow, and I know he'll stay. We're on night duty and we'll amuse him till the rest come to dinner. He'll come early in the morning." "Oh, that'll be fine," said another. "What a lark," said the third, "I'm dying for some good grub."

* * *

The night before Christmas, the turkey was still in the coop. Both Jack and his mother went to bed soon after supper because they must be up very early in order to make their usual trip to the village with supplies. But Jack could not sleep. He was sure that turkey was going to disappear. He tossed and tumbled until nearly daylight and then fell asleep.

Suddenly the sound of a wagon driven rapidly under his window awoke him. He jumped out of bed and ran down stairs and out to the shed where the turkey was. It was gone! Sobbing, Jack went back to his room and dressed. Softly he went down

the stairs, took a sheet of paper from his school pad and wrote:

Dear Mother:

The turkey is gone. I am going to find him. Don't worry.

Jack.

Putting the slip of paper on the table, he took his father's old gun down from the rack, and went out. The sun was just rising, and he ran up the road in the direction in which the wagon went.

* * *

That morning, the housekeeper at the hospital watched in vain for the turkeys. Much annoyed, she ordered roast beef, and little did the nurses know that their turkey dinner was a failure. The weary night nurses slept soundly, forgetful of their promise about Jack.

* * *

Meanwhile, Jack was a long way from home. There had been a slight rain in the night, and the prints of the wagon wheels were fresh. He followed them carefully. The morning was well advanced when he came to the end of the wheel prints where they seemed to turn into some woods near by and were lost.

Jack was very tired, as well as disappointed, by this time, and he wished he was home again. He followed the path into the woods a little way, and finding a soft spot among the pine needles, decided to rest before returning home. Soon he was fast asleep.

Suddenly something wakened him. He sat up, saw a horse grazing near him, and heard shouting in the distance. Jack grabbed the old gun and crept back among the bushes. Soon two boys appeared, each carrying many bundles. They placed the bundles on the ground, tied the horse to a tree, and proceeded to build a fire. Then they undid the bundles and began to prepare vegetables for roasting. Then another boy appeared, carrying over his shoulder a huge

turkey. Jack's eyes grew big with delight, for on the turkey's leg was tied part of an old blue necktie which he had put there two days before. The boys commenced to take the feathers from the bird, laughing and talking together.

Jack crept from his hiding place, took the gun, and stood bravely before the astonished three. "Hands up, you thieves!" he shouted. "That's my turkey! Run, or I'll shoot! Run! Run!" The boys dropped everything and fled. Jack stood sternly with the old gun until they were well out of sight. Then he picked up the turkey and started out of the woods.

* * *

Christmas dinner at the hospital was a gloomy affair. Never had such a plain meal greeted their eyes on Christmas Day. Dark looks were secretly cast at the housekeeper who tried her best to make up for the deficiency which she could not explain.

Amid one of those silences which sometimes occur in a crowded dining room, Jack ran in and stood in the middle of the room. His face was dirty, his hair disheveled, he had the gun in one hand and the turkey in the other, and yet there was a triumphant smile on his face as he said, "There's your turkey! I got him! I walked miles and miles and miles! Some other fellows stole him. I chased 'em, and I—guess—I'm—tired." And Jack fell in a heap on the floor.

There were many willing hands to pick him up, and he was soon himself again. "I must go home to mother now," said he, "I told her I would get the turkey for you, and I did." Jack turned to leave the room, and walked straight into his mother's arms. The housekeeper insisted that he keep the turkey for he surely had earned it. So the next day, Jack and his mother sat down to their Christmas dinner, a day late, but all the more enjoyable to Jack because he had found the lost turkey.

Gleanings from Medical Literature

Surgical Aspects of Furuncles and Carbuncles

Dr. P. G. Skillern (*Penn. Med. Jour.*) advises that when a boil is in the hard stage the surrounding skin be shaved, the area cleansed with benzine followed by 95 per cent. alcohol, and then a strong tincture of iodine or 3 per cent. solution of picric acid painted on. The cap of the vesicle is next scratched off with the point of a knife, boring a bit into the center of the boil if the exposed orifice is no larger than the shaft of an ordinary pin. A Bier cup is now applied and gentle suction made for three minutes and this procedure repeated in four hours. A dressing consisting of a piece of gauze saturated with Wright's solution is applied, and covered with wax paper, a cotton compress and a bandage. The patient is instructed to keep the gauze wet with this solution. The core of the boil is expelled in three or four days, and healing takes place with a scarcely perceptible scar.

Occasionally a very early boil can be aborted by injection of a few drops of carbolic acid, or, if the pain is intolerable, it can be easily relieved by infiltrating the regional cutaneous nerves with novocain. If the boil has been squeezed, or if its central cutaneous orifice has not undergone enough pressure necrosis to permit egress of drainage, or has become blocked by clotted serum or blood, the infecting cocci transgress the defensive barrier of acute inflammatory hyperplasia, trespass upon the healthy tissue, and set up a fluctuating subcuticular abscess. This, in the author's opinion, is the only indication for incising a boil. Excision of a carbuncle is consid-

ered the method of choice, no matter what the stage, after which the base is cauterized with the Paquelin and swabbed with pure carbolic acid.



The Treatment of Burns in Vienna

In Lotheisen's clinique in Vienna the toxic factor is regarded as the most important one to combat when dealing with a case of severe burns. The routine practice, as given by Lieber, is to swab the burnt surface gently with benzine, and then to powder it thickly with novoiiodine powder and to cover it with gauze. No attempt to render the skin absolutely aseptic is made; morphia and anesthetics are avoided, as tending to promote or increase shock. When pain is very severe, anesthesin powder is also used; this is both antiseptic and analgesic. The old dressing is removed in a bath when necessary, and the process repeated. Blisters are snipped before the novoiiodine is applied. Cardiac stimulants are given freely, and a great point in the treatment is copious saline infusion, which is stated to have given admirable results. All wet dressings, ointments, and sedative drugs are avoided religiously.—*The Hospital.*



Lead Poisoning

Lead poisoning may result from direct absorption of the metal through skin or mucous membranes, or by the inhalation of the vapors or powder of lead compounds.

The trades most liable to suffer from lead poisoning are: painters, plumbers, type foundrymen, bronzers, enamellers, and the manufacturers of white lead, lead paints and

colors. Plumbers inhale volatilized oxide of lead, but lead may also be taken into the system when food is eaten with dirty lead-soiled hands and nails.

The symptoms of lead poisoning are: at the first intense constipation, dyspepsia, and colic, with headaches, and a blue line along the gums, but later on lead produces changes in the nervous, digestive, and blood-making systems, resulting in paralysis of the muscles of the legs and arms, due to nerve troubles; pronounced dyspepsia, constipation, and anæmia. The muscle weakness results in "foot-drop" and "hand-drop." Lead can be then detected in traces in the blood and urine.

The precautions necessary to avoid this chronic lead poisoning are quite simple. Keep away from lead dust and fumes; handle the metal with bare hands as little as possible; practise personal cleanliness; mouth washes and tooth and nail brushes should be used before partaking of a meal; wash the hands thoroughly. Workers in lead should not partake of their meals in the workshop. If a person suspects lead poisoning, he should at once be examined by his doctor.—*Una*.



Nosebleed in Childhood

Nosebleed in a child or adolescent is a habit which often persists for a decade or more. If the loss of blood is insignificant nothing need happen. But if the nosebleed is of frequent occurrence, so that the loss of blood is considerable, the resistance of the subject to disease is notably decreased. Not a few cases of tuberculosis may be traced to this source. Attention is called to the fact that nosebleed subjects eat most heartily in the evening so that during the night they tend to sleep and digest poorly. They awake with coated tongue and repugnance to food of any kind. The author advises a toilet of the nose, a pushing of good food early in the day with a light meal

at night. The suspicion of a syphilitic taint often justifies the use of iodides, which involves abstinence from fruit and sweets.—*Munchener Medizinische Wochenschrift*.



Ophthalmia Neonatorum

H. C. Greene in *Boston Medical and Surgical Journal* states that the efficient control of ophthalmia in the new born depends upon the routine use of the prophylactic at lying-in hospitals, and, with few exceptions, in private practice; prompt birth returns; absolute adherence to the reporting law which requires immediate notification of the symptoms of ophthalmia neonatorum; and insistence by the health authorities on constant skilled nursing in all but the slightest cases, the specialist's help at the first suspicion of danger, and if this cannot be had in the parent's home, then prompt transfer of the baby, with mother if possible, to a hospital where expert nursing and special medical care are constantly available.



Bad Teeth and Disease

A correspondent in *The Medical Press and Circular* draws attention to the fact that many cases of ill health which have been attributed to lead poisoning are not really due to this form of poisoning but mainly if not wholly owing to a foul condition of the mouth. The writer, who is a surgeon under the British Factory Acts, argues that if a man's or woman's teeth and mouth are clean, even if they work continuously in a lead factory, there is not much fear of being poisoned by lead, but if their mouths and teeth are in an unclean state there is every probability of them being poisoned. There is no doubt that on the condition of a person's mouth and teeth hinges to a great extent his health. Some may think that undue prominence is being given to the subject of teeth in these days, but if this be so, it is certainly a fault on the right side.

Editorially Speaking

The Fanny Wilde McEvoy Fund

Once again we make our appeal in behalf of the aged veteran of the nursing body, Mrs. Fanny Wilde McEvoy, whom for nearly three years we have been able to keep in comparative comfort through our yearly contributions. To those of our readers who are recent subscribers, a word of explanation may be needed.

When Florence Nightingale established the first training school for nurses in connection with St. Thomas's Hospital, London, England, Fanny Wilde was among the first candidates to apply for admission. Of the first fifteen nurses who entered, seven remained to complete the course, one of which was Fanny Wilde now in her eighty-third or fourth year.

A few years ago her aged husband through a nervous affliction became unable longer to provide for their needs by following his occupation as a landscape painter, and the old couple, in the evening of their days, faced the prospect of going to the almshouse unless some one could be found to assume the responsibility of caring for them. It was at this juncture that the Fanny Wilde McEvoy fund was started, which has numbered among its contributors nurses from almost a dozen different countries. For about two years we were able to provide for them in the little three-room cottage which had been their home for some time. But the almost continuous illness of either the one or the other for several months last winter, and the practical impossibility of getting any one to go there and care for them as they needed to be cared for, made it seem unwise to continue that arrangement.

Providentially, it seemed, a vacancy oc-



FANNY WILDE MCEVOY

curred in a home for the aged in Detroit where they are living and by special agreement the old man was admitted with his wife, on condition that we provide the \$35 a month for their room, board and general care. That amount does not provide for clothing for either of them, neither does it provide for any of the little delicacies or luxuries which your mother and mine are, or have been, provided with. But they are in a comfortable room, and with some one always within call when illness arises. It has seemed altogether the best arrangement that could be made. They were allowed to take with them the furnishings of their room, so that they are surrounded by the old-fashioned "homey" things which have been theirs for years.

Once each year, while Fanny Wilde McEvoy lives, we expect to present her

cause to our readers. We ask only one dollar from any contributor, preferring the small contribution from the many, so that no one may feel it a burden. Many nurses each year do much more than that. Many have told of Fanny Wilde McEvoy to their patients, who also have asked to be allowed to share in caring for her.

One of Mrs. McEvoy's most precious possessions is a little brown teapot—one of a set which Florence Nightingale gave to her when she went on night duty for the first time away back in 1861—also the papers containing the rules and regulations of the first training class, the letter summoning her to enter on probation, and the announcement of those who completed that first year's course.

We know that there are hundreds of nurses and friends who will be glad to have a share in caring for our aged sister nurse who is thoroughly dependent on our contributions for keeping her where she is. Just one dollar bill from you, sister nurse, and a wish and a prayer that the Lord will make the year 1914 the brightest and best of all the years that Fanny Wilde McEvoy has known. Send contributions to Charlotte A. Aikens, 722 Sheridan Ave., Detroit,



Teaching Materia Medica

In an address lately published in the *Journal of the American Medical Association*, Dr. Ray Lyman Wilbur states that "the only way to teach therapeutics is to practice it under the eye of the student. Pharmacology must not fail to extend its domain to the bedside, to become a part of the life of every teaching clinic."

If this is true in the case of the medical student, it is no less true in that of the nurse, and the medical student might well envy the nurse her opportunity of constant bedside observation of the patient.

And yet how little teachers of nurses appear to value this daily bedside teaching

as compared with the dust-dry lectures and classes in "Materia Medica." If the teacher would but see to it that the nurse understands the nature of the drug she is giving; that she is taught what effect she is to look for, what would be an overdose of that particular medicine, what the consequences of an overdose, what the antidote, etc., then the study of materia medica would be a live subject and one full of interest to the pupil.

But if, as is the practice in many hospitals, one nurse gives all the medicine to all the patients in a ward, what interest can the individual nurse take in watching the effect of the drug? It might easily happen that she might not even know what medicine her patient was taking.

How many of you teachers of nurses can recall the hours spent in trying to memorize the long, dreary list of drugs in "Clara Weeks," until you would fall asleep and the book drop from your weary hand? How many of those drugs have you used since, and how many of them do you now recall? How elated you were when you first began the study of materia medica! How fine it sounded! And how commonplace it would have seemed to have been taught, for example, that a glass of warm milk would in many cases be as effective as a sleeping draught as a dose of trional!

Dr. Wilbur says, further, that the psychic element in gastric functions holds for drugs as it does for foods, "nor must we lose sight of mental therapeutics. Reassurance is often as comforting as opium and has fewer after effects."

Since nursing is so intensely practical and it is so much more interesting and profitable to learn it by doing it rather than theorizing about it might we not well be keener for the opportunities of demonstration that are ours? We have the best material right at hand—the real patient with a real disease to be cured. Then why resort to the method of the correspondence schools—that of teach-

ing largely by theory? But in this, as in so many other phases of life, we seem only to arrive at the simple and obvious by the long road of the complex and obscure.



Lifting or Lowering the Standards

A medical man recently remarked that in advocating that all who nurse for hire should be under supervision and licensed, and should be required to know something definite about nursing, *THE TRAINED NURSE AND HOSPITAL REVIEW* was twenty years ahead of the times. He believes that this state of affairs will come to pass, though much hard work must be done before it becomes an accomplished fact. *THE TRAINED NURSE AND HOSPITAL REVIEW* has advocated this as the only policy which would really protect the public, and as the goal towards which our efforts should tend.

If ninety per cent. of the people are nursed (as Miss Goodrich asserts) by those who have had no hospital training, then it is high time that we were doing something definite and practical to improve the nursing which ninety per cent. of the people are receiving.

We constantly hear of "lifting the standards;" it makes a good battle cry, and taken together with "noted educators," it has proved a tower of strength at nurses meetings to many a speaker when material was running out, or arguments getting shaky. The uninitiated who have not thought much about the question may easily be deceived into thinking that a theoretical standard, and quality of practical work, mean one and the same thing. It is easily possible to conceive a group of enthusiastic but impractical nurses, meeting and agreeing that only those holding the college degree should be eligible for admission to hospital training schools. It is still conceivable that this same group of women might get this standard fixed by law, under the specious argument of "protecting the public." Yet

what would be accomplished in improving the quality of nursing in homes and hospitals all over the country? Nothing, absolutely nothing. The standard would be lifted, but there would be more nurses than ever, below standard; nothing would have been done to improve the nursing which nine-tenths of the people are receiving. In spite of all the law making which we have had in the last ten years, in spite of all the shouting of the battle-cry, "elevate the standard," little or nothing has been accomplished toward improving the continuous care which nine-tenths of the population receive.

This is true of nursing in both hospital and home. Stories of the neglect of patients, of the low grade of nursing care given, of the insufficiency of nurses to give efficient care, reach us constantly from hospitals whose training school principals are ardent advocates of "higher standards." It is a case of "do not do as we do in our hospital, but do as we say."

Until those interested in the question realize that theoretical standards are one thing, and that actual nursing means something entirely different, little progress will be made. The old battle-cry "elevate the standards" will be popular. It serves the same purpose as the waving of the flag, however far from patriotic the person who waves it may be. Just so long as nurses content themselves with elevating the standards of one-tenth of those who are caring for the sick, and refuse to lend their aid to improving the nine-tenths who are caring for the sick in homes, with little or no training, just so long will the slogan "elevate the standard" fail to arouse the enthusiasm of the public, physicians, or those who are sincerely interested in having all people efficiently cared for in sickness. The interests of humanity are bigger than the interests of any faction or any profession, and no nursing question of importance will ever be settled until it is settled on a fair and equitable

able basis to all concerned in the care of the sick, and until the system proposed covers the whole ground, and meets human needs in city and country.

The following quotation from a letter, under date of Aug. 25, from a prominent physician of New York State, is one of many which has come to us, and which helps to give us courage and faith that the humanitarian principle must at last prevail. "I greatly admire," he says, "the courage, clear vision, and practical common sense of the TRAINED NURSE AND HOSPITAL REVIEW, in facing the present situation. It is greatly to be commended for the wisdom it has shown, and for its recognition of the true interests of the public, of the medical profession and of trained nurses."



At the Closing of the Year

During the year 1913, THE TRAINED NURSE AND HOSPITAL REVIEW rounded out its first quarter century of effort in behalf of nurses and nursing. In every respect it has been the best year in the history of the magazine. By their liberal response in subscriptions, and by letters of warmest approval, the readers of the magazine have manifested their appreciation of the substantial and practical quality of reading matter which we are providing from month to month.

Because of the heartiness of the assurance that has come to us during the year, it is impossible to escape the conviction, that where a magazine is liked better than ever before by so many of its long time readers, it is reasonable to expect in due time a large increase in new readers. For this we are now definitely planning. Never before at this time of the year have we had in hand, or had definite promise of, so many splendidly practical articles on nursing in hospitals and in the world outside.

It is our earnest wish to make THE TRAINED NURSE AND HOSPITAL REVIEW of more use than ever to you and your associates and fellow workers.

Of the many good things promised, we are especially pleased to announce a short series of very practical articles on how we may improve the teaching of nurses. We mentioned last month the coming of a series which begins in January, on the saving of human labor in hospitals—an intensely practical subject, of vital interest to every hospital worker—probationer, nurse, and on up to the superintendent. We are to have a series of articles on the newer methods in the nursing of skin diseases, one of which is given in this number. The department of Public Health and Social Service will give brief notes regarding the various forms of social service, and we also have several articles promised along these lines.

The Hospital Department will contain each month, notes on various phases of hospital work, with special reference to newer methods.

While we believe that there is no nursing magazine published which has so just a right to ask for the loyal support of nurses, still we shall not devote much time to trying to make nurses think it is their duty to take the magazine. We have never believed in this policy, and have never seen it work out well.

Instead we shall as always, spare no effort to make it so attractive and so valuable that they will want to have it, or feel that they cannot afford to be without it. After all, this is the secret of real success in modern journalism, of whatever class it may be. We wish to extend our most cordial thanks to those who have sent us such splendid letters of their appreciation and to wish for one and all of our readers a most joyous, happy Christmas.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Are Nurses in Hospitals Underfed?

In the October *Ladies' Home Journal* the editor publishes a scathing criticism about the perfectly scandalous way in which hospitals feed their nurses. It is so overdrawn that it loses any force it might otherwise have had. It is absolutely certain that if the writer of the article were put in a position where he had to prove his statements he could not do it, if his life depended on it. For instance, take this statement: "*The way the nurses at the average hospital are fed, or rather underfed, is nothing short of an outrage on womanhood. And this outrageous fact applies to seven out of every ten hospitals.*" Now, how could any man say positively from a full knowledge of conditions in seven out of every ten hospitals that such conditions exist. To absolutely know of the facts in regard to the dietaries in seven out of every ten hospitals in the world, or in America, is a practical impossibility. He is simply stating his own opinions as facts. Or take this statement: "*The hospital superintendent who takes cognizance of the dietary of the nurses is the exception.*" How does he know what matters the hospital superintendents do or do not take cognizance of. That is another sweeping statement which he would find it exceedingly difficult to defend.

For the benefit of those who may not have seen the editorial referred to, it is reprinted below. There is a good deal to be said in reply and we remind our readers that our letter-box department is their forum for free discussion of the question:

"A hospital superintendent voices a general condition in a complaint that not only does she find the number of applicants for training as professional nurses materially decreasing, but also that the personal standard of those who do apply is considerably lower than formerly. She says, and truthfully: 'The hospitals all through the country need a higher grade of women as nurses; women of better education and finer feelings.'

"The hospitals *do* need a higher grade of nurses than is at present coming to them. Superintendents all over the country realize this fact. But can they expect 'women of better education and

finer feelings' to come to a place where they will be asked to sit down to rations of a kind and quality only a remove better than what we might place before a beggar? Is it simple humanity to ask a nurse to keep conscientious vigil all night long, and give her, as her midnight lunch, a bit of cold meat, stale bread and tepid coffee? The way the nurses at the average hospital are fed, or rather underfed, is nothing short of an outrage upon womanhood. And this outrageous fact applies to seven out of every ten hospitals. Even in cases where a hospital, in its medical department, may rise to the very highest standard, as so many of them do, the meals served to the nurses are, in the variety, cooking and nourishing quality of the foods, of the most unintelligent and inferior order. But this is a part of the hospital that the public does not see, and it is all too common an occurrence that criminal carelessness is allowed not only to exist, but also to grow, in places removed from the public eye. The hospital superintendent who takes cognizance of the dietary of the nurses is the exception.

"It is a common remark among resident doctors in hospitals that 'they would not stand the stuff that is put before the nurses to eat.' There is not one scintilla of doubt that if these nurses were men the present order of things would soon change by compulsion. And this is where the unfairness of the situation comes in. It is because these nurses are women, proverbially long-suffering and less prone to complain that they are compelled to endure what men would not tolerate. Nor is this stricture either unfair or too harsh when the significant fact is considered that in women's hospitals the dietary of the nurses is notoriously bad.

"Until the average hospital changes its present method of feeding its nurses it cannot expect 'women of better education and finer feelings' to come to its work. On the contrary it may, and deservedly, expect to see the standard of applicants become still lower."

At one of the American Hospital Association meetings, held away back in 1904, a discussion of night lunches in the hospital took place, and there

was a free interchange of experience about how the matter was managed in a number of different hospitals. Dr. C. Irving Fisher, of the Presbyterian Hospital, New York, probably stated the chief difficulty in regard to the hospital food problem. After telling how they managed the night meals for their nurses, he said: "Almost any change in the method of doing things is satisfactory for a while, and by and by it begins to be an old story and it is less satisfactory. In our hospital we have somehow or other thought that the first year the nurses were with us they thought the food was first-rate, day and night. They have said so very plainly and frequently. The second year they said nothing, and the third year they thought the food was pretty bad." There is a decided danger in every hospital of monotony in regard to the feeding of nurses and patients that needs to be constantly guarded against. It is difficult in cooking large quantities of food to get the same delicacy of flavor that one gets in home cookery. The larger the hospital the more this is apt to become a real problem. But while there is probably room for improvement in many hospitals, we are unwilling to believe that American hospitals are quite as black as they have been painted in the *Ladies' Home Journal*, and we speak from personal experience and a fairly extensive knowledge of hospital conditions in America.



Practical Points in Operating Room Equipment

In an article on the planning and equipment of an operating room, by Miss Minnie Goodnow, in *The Medical Times*, some good practical advice is given, which is worth repeating. "Sterilizers," she says, "should be carefully chosen." They are expensive, but if well made should need few repairs for a long time. Do not make the mistake of trying to economize by getting sterilizers too small. It is not a real economy. Consult a good operating-room nurse, follow her advice, and you may take all the credit for the wisdom displayed.

Get a dressing sterilizer which will yield you dry dressings, not moist or wet dressings, which must be dried outside before they can be used. If possible, have the water connection made for filling the jacket, using a pitcher, for it is a tedious task. In large hospitals two dressing sterilizers effect a great saving of time. The fact that one may be filled while the other is being sterilized shortens by a good deal the hours which an operating nurse must work. It also provides absolutely against a breakdown, or loss of time in

cleaning and repairs. Many a good sterilizer has been ruined by being used when it was in need of attention, simply because it could not be let out of commission long enough to have it done.

Have amply large water sterilizers. There may be times when to run out of sterile water is a serious matter. Be sure that the nurse who is to be responsible for the use of the sterilizers (also the engineer and the superintendent of the hospital) understand the necessity of cleaning the filter stone often. It is wise to keep an extra filter stone on hand in case of breakage.

Better than filtered water is distilled water. A good water still attached to the sterilizers may be had for \$125 up. If a still is used, the water containers may be smaller than otherwise, as if the still be left running the tanks may be filling while one is using from them.

There should be a tank provided for salt solution. This is arranged so that the salt may be put into the container, the solution sterilized and kept at an even temperature (about 120°) ready for use. This costs an additional \$50 or thereabouts and avoids entirely the use of the unsatisfactory glass flask.

The utensil sterilizer should be large enough for the utensils for at least two major operations. The cover and tray should be lifted by hydraulic pressure, not by any of the cumbersome mechanical devices.

The instrument sterilizer should be of ample depth and long enough for the largest instruments. It may have a special compartment for gloves. The cover and tray of this should also have a hydraulic lift.

The means of artificial lighting are all-important. The dust-collecting chandelier with a reflector hung low over the operating table has been abandoned. In its place we have a crane light, which may be swung out of the way when not in use, and be raised or lowered instantly by means of a concealed gear. Its six lights are placed wide apart, so that light streams from every direction upon the field of operation and shadows are avoided. The bell-shaped metal shades afford little lodging-place for dust. If the crane light be not used, four to six electric lamps of 100-candle power may be set close to the ceiling, wide apart. In some of the German hospitals they use a series of reflecting mirrors by means of which light may be thrown at any desired angle. In addition to the central light there should be a side light, preferably on a stand with an easy universal adjustment.

The actual *furniture* of an operating room should be as scanty as may be. Only articles

which are frequently used should be allowed. An operating table of a pattern as simple as is consistent with convenient adjustment, two oblong instrument tables (or one curved table), a basin stand for three basins, an irrigator stand for two solutions, a stool and stand for the anesthetist, a stool for the surgeon, a footstool for use when the patient is in Trendelenberg, a table for unsterile supplies, and perhaps a smaller one for reserve materials, are sufficient. The customary shelf stand is unnecessary and merely catches dust. A stand for the containers of sterile dressings may be added, and an electrical towel heater.

Do not use glass table-tops. Porcelain enamel, which is smooth, acid, alcohol and ether proof and practically indestructible, or the new monel metal, are best. Let the top of the operating table contain as few pieces as possible, be dished to fit the back, and have no complicated adjustments. Let the stools have four legs, not three, and see that they do not project and trip the passers-by. The basin stand should revolve. The irrigator stand should be adjustable to different heights, and should have a basin attached to hold the end of the tubing. If spectators are frequently permitted, a small observation stand should be provided. This need not provide for seating, as one invariably stands while watching an operation.

In the equipment of the rooms adjoining the operating room, follow the same rule of providing only what is absolutely essential. In the surgeon's scrub-up room there should be only the lavatories. In their dressing room furnish a sufficient number of lockers (preferably of metal with sloping tops), a few chairs and a small table; there should be a mirror. The sterilizing room may have a metal cabinet for storing sterile supplies and a small table. The nurses' work room should have one or more good-sized work tables, two or three comfortable chairs or stools, and plenty of cupboards, or cases for supplies. If the instruments are cleaned here, a small white enamel sink and a porcelain or opal glass scrubbing slab should be provided. A small wash tray may be added for soaking out stained linen before it is sent to the laundry. In most instances a nurse's dressing-room should be provided, even though it be a little more than a closet.

The instrument room should contain the requisite number of cases and one small table. If the surgeons bring their own instruments, it is best to use the Grace Hospital instrument case, giving a locker for each doctor. Each man's

instruments are thus kept by himself, and only he and the operating room nurse have the key.

The anesthetic room should contain only a wheeled stretcher, a stool for the anesthetist, a small table and a shelf or case for reserve supplies. The stand for materials used at the giving of an anesthetic may be kept here and wheeled into the operating room along with the patient.



Canadian Hospital Association

The Seventh Annual Conference of the Canadian Hospital Association was held at the New Clinic Hall, Toronto General Hospital, Toronto, October 20-22, 1913.

The program was varied and interesting, the papers presented were by men and women prominent in the hospital world, among them Dr. Thomas Howell, president of the American Hospital Association; Dr. J. N. E. Brown, superintendent Detroit General Hospital; Dr. John A. Hornsby, editor *The Modern Hospital*; Dr. G. W. Ross, Toronto General Hospital; Dr. A. S. Kavanagh, superintendent Methodist-Episcopal Hospital, Brooklyn; Miss Minnie Goodnow, specialist in hospital construction, Boston; Miss Charlotte A. Aikens, associate editor THE TRAINED NURSE AND HOSPITAL REVIEW. A specially interesting feature was the presentation of a paper by Mr. Richards M. Bradley, on "Community Needs in the Care of the Sick." A Symposium on Hospital Social Service was conducted by Dr. Helen MacMurchy, inspector of the Feeble-Minded for Ontario. We hope to publish some of the papers, and give a more extended report of the work of the convention in another issue.



Gift for Johns Hopkins

The General Education Board, which was founded by John D. Rockefeller, announced October 24 that it had appropriated \$1,400,000 for the Johns Hopkins Medical School. This grant was made for the purpose of reorganizing the departments of medical surgery and pediatrics, so that the professors and their staffs in these departments might withdraw altogether from paid practice in order to devote their entire time to the care of patients, teaching and research. The fund is to be known as the William H. Welch fund, after the president of the school.

The Rev. E. T. Gates, chairman of the General Education Board, gave out the following statement in explanation of the object of the appropriation:

"Since the opening of the Johns Hopkins Medical School in the early nineties, it has been universally conceded that the teaching of the underlying medical sciences, namely, anatomy, physiology, pathology and pharmacology, must be placed in the hands of men devoting their entire time to teaching and research in their subjects.

"As the clinical branches are more extensive and more complicated than the above-mentioned underlying sciences, the medical faculty of the Johns Hopkins University has become convinced that it is fully as important that the clinical subjects should be cultivated and taught by men freed from the distraction involved in earning their living through private practice.

"The trustees of the Johns Hopkins University and the Johns Hopkins Hospital and the medical faculty of the Johns Hopkins University united in requesting of the General Education Board funds that would enable them to reorganize the departments of medicine, surgery and pediatrics, so that the professors and their associates in the clinic and the laboratories should be able to devote their entire time to their work.

"In making the gift the General Education Board has placed absolutely no restriction upon the freedom of these men. They will henceforth be in position to do any service that either science or humanity demands. They are free to see and treat any one, whether inside or outside the hospital, but they will accept no personal fee for any such service."



City Hospital, Providence

Few hospitals in America have in a few years come into such prominence as has the Providence City Hospital, of Providence, R. I. This has largely been due to the rather different methods of managing the different contagious diseases and to the emphasis placed on the prevention of contact infection.

The third annual report is comprehensive without being exhaustive. It presents in concise manner scientific facts which are of interest and value to every hospital worker. The table of contents of the report includes, besides the general, financial and statistical reports, facts relating to diphtheria, scarlet fever, measles, whooping cough, secondary diseases among patients, secondary diseases among employees, barrier system, etc.

The following quotation showing the mortality rate is interesting:

"The mortality from diphtheria, 13.7 per cent., was a little higher than in 1911, 11.9 per cent., but the same as in 1910, 13.7 per cent. The mortality from scarlet fever, 5.9 per cent., was reduced from 8.1 per cent. in 1911, but was higher than in 1910, 3.0 per cent. The mortality from these diseases varies somewhat from year to year.

The mortality from measles was 14.4 per cent. and from whooping cough was 23.8 per cent., both being much increased over 1911 and 1910. The mortality from these two diseases in hospital practice is considerably higher than from scarlet fever and slightly higher than the mortality from diphtheria. They are serious diseases among children under three years of age, especially among the poor; yet this fact is not sufficiently appreciated. While it may be doubtful whether hospital isolation of measles will have any marked effect upon an epidemic, hospital care can save lives among children under three or four years of age who suffer from either measles or whooping cough. The sending of each disease to the hospital should be encouraged."



Notes and News

St. Joseph Hospital, Yonkers, N. Y., conducted a twelve-day campaign in October, making the objective \$110,000. It is proposed to erect a large additional wing and equip the same. The campaign closed at \$122,000 subscribed. Mr. W. A. Bowen, of Waterville, Me., was the campaign leader. There were over eight thousand subscribers.

This was the third short-term campaign conducted in Yonkers within one year, the first being for \$125,000 for a Young Women's Christian Association Building; the second one was conducted last June for \$125,000, for a Young Men's Christian Association Building, while the hospital campaign followed four months later. All of these campaigns were successful. The results attained in this city of 90,000 people is also notable from the fact that there are two other large hospitals in Yonkers.

Sparks Memorial Hospital, Fort Smith, has secured a plot of ground across the street from the hospital, with a view to erecting a Nurses' Home in the future. The nurses now are housed on the third floor, but have a sleeping porch large enough to accommodate all on the south end of the main building.

Book Reviews

A Text-Book of Physiology. By Isaac Ott, A.M., M.D. Fourth edition, revised and enlarged. Illustrated, with 434 half-tone and other engravings, many in colors. F. A. Davis Co. Price \$3.50 net.

Some of the specially interesting features of the fourth edition of this valuable book are plates, showing the movements of the stomach and intestines in man by the Roentgen kinematograph; these are given and described according to the latest observations of the Munich School. These plates have not appeared in any English text-book of physiology. The chapter upon Internal Secretions has been rewritten to a large extent. The pineal gland and the gonads have been considered. The correlation of the ductless glands has been explained according to the recent experiments upon this subject. A description of the string galvanometer has been given. Electrocardiograms of the normal heart and of the heart in Stokes-Adams disease have been described. The centers of localization of motion in the cerebellar cortex have been indicated. The new test of Abderhalden's for pregnancy has been explained. The increase of cholesterin in pregnancy has been noted. The researches from the Medico-Chirurgical Laboratory upon the exciting inhibiting and synergistic hormones of the milk secretion have been incorporated. The latest facts in physiology have been recognized.



Pathology, General and Special. A Manual for Students and Practitioners. By John Stenhouse, M.A., B.Sc. (Edin.), M.B. (Tor.), formerly Demonstrator of Pathology, University of Toronto, Toronto, Canada. Second edition, revised and enlarged, including selected list of State Board Examination Questions. 12mo, 278 pages, illustrated. Cloth, \$1.00, net. Lea & Febiger, Philadelphia and New York, 1913.

The medical student of today, from the time he enters college until he graduates, is confronted with a bewildering mass of scientific information, the main facts of which he is expected to assimilate in four years. Even after he enters professional life he must still continue his studies in order to keep himself abreast with modern prog-

ress. To be able to grasp intelligently the new advances as they come and make practical application of them, he should have the fundamentals of the subject clearly and prominently in mind. To this end the Epitome is admirably suited; it is not a means of escape from wider or deeper reading, but an incentive and trustworthy guide to it. The questions at the end of each chapter will be found a strong mental stimulus, for they bring out in bold relief the important points throughout the volume. Though intended for the medical student, they will also be found of value to the nurse who is preparing for her State examinations.



A Compend of Diseases of the Skin. By Jay F. Schamberg, A.B., M.D., Professor of Diseases of the Skin, Philadelphia Polyclinic and College for Graduates in Medicine. Fifth edition, revised and enlarged, with 112 illustrations. Price \$1.25 net.

In this fifth edition the text has been generally revised. Brief chapters on vaccine treatment and on the use of carbon dioxid have been added. Since the publication of the last edition, much knowledge has been gained in the treatment of syphilis; the newer views on this subject are presented in the new edition.



The White Linen Nurse, or How Rae Malgregor Undertook General Heartwork for a Family of Two. By Eleanor Hallowell Abbott. Six full-page illustrations by Herman Pfeifer. 16mo, 271 pages. Price \$1.00, net, postage 7 cents. For sale by the Lakeside Publishing Co.

This little story is so quaint and idyllic in character that it might well belong to fairy lore, were it not for the fact that instead of the beautiful prince, the lovely princess and the enchanted castle, we have the strangest setting that was ever given a love story. A rebellious, tired little trained nurse, an overworked surgeon and his pathetic little daughter—these are the central characters.

And Eleanor Hallowell Abbott, in her own wonderfully characteristic way, sets forth these faulty, lovable, unforgettable people in a narrative that bites deep in its psychology.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

An Unusual Case

To the Editor of The Trained Nurse:

I was called one evening on telephone by a surgeon to come to W—, three miles from my home. On my arrival I found patient, a woman of forty-seven years of age, in bed, suffering severe abdominal pain. She had been suffering intense pains for two days, pains resembling labor pains. There was some temperature.

The patient was supposed to be several months pregnant, reported all the symptoms of pregnancy, and felt life and movement of supposed fetus and size of the abdomen was enlarged. Menses had ceased several months previously. During these months she had suffered pain in back, extending through to the front of body; patient thought kidneys were affected. After thorough examination by surgeon it was decided that patient had tumor and she was persuaded to undergo an operation. She was removed to hospital and abdominal hysterectomy performed; found and removed large fibroid tumor; also found necessary to remove both ovaries and appendix. Patient recovered nicely, wound clean, sutures removed ninth day, and when considered out of danger was propped up in bed.

One morning at six o'clock the patient had a severe chill; no reason could be given for it, except that a little grandchild who had visited the room a few days before had been infected with measles. However, though she felt miserable for a few days, she recovered and was given permission to get out of bed. She was lifted into a chair, sat up long enough to have bed made, and was then lifted back again feeling sick and faint. Pain started in right side and back, patient fainted, and when out of faint vomited frequently, first yellow substance and then bright green. Patient did not gain or respond to treatment, had another severe chill, and temperature rose. There was tenderness over the region of the liver. Antiphlogistine poultices were applied with no relief, and pain was acute. Morphine sulphate was given as needed, some delirium, fullness noticeable over region of liver.

Second operation was decided upon. The

morning of the operation patient had heavy chill, temperature rose to 105°. Patient was taken to operating room at 9 A.M. Incision made slightly to right of median line, found pus in cavity, which was drained out, and found a stone in bile duct, gall bladder was found abnormal and was excised, large drainage tube of gauze packed deeply, and wound was closed around.

Patient was in a very weak condition when brought back to bed, with pulse 120. Shock enemata were given and other stimulants as needed. Wound drained well for three weeks. Patient suffered very much with gas in bowels and stomach, though asafetida suppositories were used every four hours for two days, and were a great relief. The gall bladder was opened and thirty-eight sharp three-cornered stones, as large as beech nuts, were found inside. Patient made a good recovery, appetite returned, slept well, able to walk about, and has now every prospect of living a good many years in fair health. Patient was ten weeks in bed, including one week before first operation. A CANADIAN NURSE.



The Importance of Character

To the Editor of The Trained Nurse:

I have read with interest the articles on the qualifications for a nurse, and I am more than pleased to have the subject discussed. To my way of thinking, the only way by which nursing can be elevated is by making character the great factor. Whether the high school graduates are superior is a query. My experience is that they are too anxious regarding the salaries they receive, are too much impressed with their knowledge, work with absolute self-satisfaction, have no respect for senior graduates, look upon all old graduates as old-fashioned.

Is this not a pity? What about Florence Nightingale and others who have paved the way for us, who had no thought of money or ever questioned what were their duties. What we need today is the woman with the bright, alert mind, who uses good judgment, who possesses womanly character, and who puts the right spirit

into her work, regardless of whether she has a high school diploma or not. My last field of work was a tuberculosis sanatorium; I was head nurse and housekeeper. Our funds were low and I was kept busy watching things generally. Our superintendent, a physician, did not live in the house, but visited us daily. We employed one graduate nurse beside myself. I undertook the training of a pupil, a Slav by birth. At the end of a year she had accomplished much, so much that she could be depended upon more than the graduate. The graduate pinned flowers on her cap, sat on the serving table in patients' dining room swinging her feet, also sat on the floor, crossing her legs, and did not rise when I came upon the scene. To my thinking such a graduate is a detriment to the profession. When asked to do anything not to her liking this nurse would remark: "I am a graduate." Her patients often lacked ice, water, milk, etc. The little pupil pleased all her patients. I never heard a complaint of her.

The past week I heard from two families who were obliged to call in nurses. One nurse refused to carry the tray, also to dust the patient's room. The other would not bathe her patient, because he was a man; also refused to carry tray, or dust room. I should like to ask why such women are graduated? ONE WHO LOVES THE WORK.



Did She Do Right?

To the Editor of The Trained Nurse:

I want to ask nurses through the columns of the magazine if I did right under the following circumstances: I had been on a typhoid case eighteen days; the patient had had three large hemorrhages before I was called, but by careful treatment and nursing we thought we had that condition in control, but twelve days after my arrival there was another large hemorrhage, from which patient never regained what he lost. He was pulseless, all color gone, temperature ranged from 102° to 105°, pulse when I could find it was more than 150. The doctor lived ten miles from the patient, and as we had rain nearly every day it was impossible for him to see the patient as often as he wanted. I had to report every day by 'phone and the doctor and I were both working under difficulties.

The day after the patient had the last hemorrhage the doctor had a consultation with the family, and then instructed me that he would return in six hours, to take patient to the hospital. I was to give morphine gr. $\frac{1}{4}$ and atropin gr. $\frac{1}{10}$ at four o'clock. On the doctor's return I again

gave morphine gr. $\frac{1}{4}$. The patient was taken to the station, which was about one mile distant, and was there put on the train for town. He was taken to the hospital and died that night at 12.30.

What I want to ask is, did I do right when the family asked my advice to say, "Dr. B. thinks he is doing for the best. We must trust him." Should I have done as my feelings dictated and advised against it? I try not to be a *heartless* nurse, but I almost feel that I was in this case. Let me hear from others.

MATTIE SUMMERS.



A Nursing Problem

To the Editor of The Trained Nurse:

May I offer a suggestion in answer to "A Nursing Problem" in the September issue?

In my work as district nurse for the Metropolitan Insurance Company I have several times advised mothers to use quite freely a drink made from cracked cocoa and milk (not cocoa shells), using it at meals and between meals. I have known my mother to use it, and with good results.

One of my patients, a puny woman, the mother of six puny children, none of them breast fed, dreaded the birth of her seventh child and bottle feeding for the summer.

The cracked cocoa was used all during the nursing period and the baby was fed from the breast for nine months and never caused the mother an anxious hour, looks the picture of health and has a very thankful mother.

MARY COLLINS,

Newburyport, Mass.



Arranging for Maternity Cases

To the Editor of The Trained Nurse:

Will you kindly grant me space in your valuable magazine to ask if several nurses who are doing private nursing would write a letter for the benefit of other young nurses like myself, telling what arrangements they make about maternity cases. I mean, chiefly, whether they expect to be paid full fees from a fixed date, and what they do when the confinement is two or three weeks later than was expected. Is there any fixed or general rule about such cases, and if so, what is it?

My patient told me recently of a nurse who had engaged for a confinement case, for "about" a certain date. She received no call on the probable date mentioned. Two days after the date she received a call to a typhoid case out in

the country. She went to the typhoid case, saying that it was a better paying case, as it would last probably six weeks and the maternity case would last but two weeks. The night after she went to the typhoid case the birth occurred. The maternity patient had had no time to engage another nurse and was confined alone, with just the doctor and her husband with her. They had lived in D—— but a short time and had no friends in the place. The doctor was so angry at the nurse for leaving them in this predicament that he has done everything he can to keep other doctors from employing her.

I wish that nurses would give their opinions or experiences in perplexing situations like this. I have only been nursing about four months. Have had two maternity patients, but the cases occurred in both cases a few days earlier than was expected and I was able to arrange to go at once to them. But I wonder quite often what the general custom is about the point mentioned, and also about how much of an outfit it is wise for a nurse to take with her to such cases.

H. A. B.,
Tennessee.



Practical Suggestions

To the Editor of The Trained Nurse:

Having had experience in treating a case of chronic leucorrhea, which had become almost purulent, resembling gonorrheal discharge, I have decided to write and give my experience, hoping that it may benefit some one else.

Of course the physician has charge of the treatment. In this case the physician used a medium-sized tampon of balsam of Peru as a vaginal packing in the late afternoon, which was removed the following morning, then a 1-4000 bich. douche was given very slowly, and as hot as could possibly be borne. Another was given in the afternoon, just before the tampon was inserted. The tampons were used daily for a week and then every second day for two weeks, with two bich. douches a day during that time, and after the tampons were discontinued a daily douche was given for a week.

At the end of this time the leucorrhea had entirely disappeared. However, the doctor advised one or two douches a week to be taken for a few weeks longer.

He said he had used this treatment on several cases and had never failed in the cure.

I find many helpful suggestions in your magazine, and really would not like to be without it. I am not a graduate nurse, but had two years,

hospital training, and have been doing private duty for four years. During this time I have found the work exceedingly interesting and have learned that physicians are as nice to me as they are to the graduates whom I have been on duty with. I have tried to do my duty in every sense and have studied a great deal in trying to "keep up with the times" in surgery as well as medicine.

I have found that a plaster made of castor oil and flour applied to boils has a more soothing effect than anything else. Also that castor oil, when applied to a bruise, will reduce swelling, relieve soreness and keep it from being dark.

Trusting that these few suggestions may help others.

E.



Working Hours for Nurses

To the Editor of The Trained Nurse:

In reply to the favor asking my opinion of regulating, by law, the working hours for nurses, I beg to say that I am not in favor of it. It seems to me that when that is done nursing has been made a trade rather than a profession.

I think that the only laws governing nursing should be the laws of humanity. I think that nurses who cannot come through the training and work twelve hours a day with what time off duty is usually allowed, cannot stand the general run of private work for long. When I was training I did not take as many diversions as most of the pupils did, but never lost any time from illness.

When caring for a private patient I should have been unwilling to share the work with two other nurses.

Am on my fifteenth year of private nursing and still love my work too well to have the standard lowered.

I. L. B.,
Maine.



The Origin of Measuring

To the Editor of The Trained Nurse:

I wish you or some one posted will tell me the origin of "measuring" sickly or slow-growing children. I have heard of it several times, and lately a case has come to my notice—a boy five years old, nothing serious ailing him except lack of proper food, combined with fear of night air and baths. The "measurer" in this case is an ignorant old woman, with nothing to recommend her either in morals or manners. She claims she has brought several cases of "wasting" back from death, when the doctors all had failed!

It is a curious custom, and one that even sup-

posedly intelligent mothers resort to here, instead of going to their family doctor.

It seems to me to smack of voodooism. No one I have asked can explain where the practice ever started.

Respectfully,

BUCKEYE.

[Can any one give our correspondent the desired information?—ED.]

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From a State Association Nurse

A member of the State Association has sent us the following communication, and though we are not quite clear as to much of its meaning, we are presenting it just as it reached us.

"Briefly: We are asking for public protection of the standard and name of the nurse. *Clearer definition to the public of the different kinds of women in the nurse field.* The public should know what grade of service they are paying for in as far as this information can be given them. We are anxious to have in our ranks the very desirable women who are now attracted to the short course schools by special inducements. These schools are conducted for a financial benefit to those promoting them. One of these schools graduated, last year, 3,000 of these women at an average of \$100 per woman, for the course given. As there is but little expense connected with the running of these schools, it is plainly evident why they might be opposed to the passage of the Nurse Practice Act.

"We are asking that our superintendent of hospitals, because of the dearth of applicants, no longer be obliged to enter, train and present with diplomas, undesirable women who have given the required time of service.

"Hospital sick must be cared for and each year demands are greater. Superintendent can not do less than accept the best material at hand in the form of applicants, be it ever so undesirable. Why this dearth of right kind of applicants is a question. Attraction to short course schools because of the quick return, many of these women wish later that they had paid the higher price for the longer course and the real training.

"How about this two or three years of a public servant? Has she not given a beautiful service in this alone? Does this woman not pay the highest price for the name 'nurse'?

"Are your hospitals of vital necessity to your community? We ask you what class of trained

nurse women, makes possible in your hospital, the best care of every class of the sick, *regardless of station*, at the lowest rates to the hospital and general public? When you say that the trained nurse is not for your poor and middle class, I ask you what class of women makes possible the care of your very poor and your middle class through the field of public health nursing, and at what salary is your trained worker secured in these fields? From \$60 to \$75 a month?

"The question of salary is not our question but one of our opponents. The hospital trained nurse gives her three years' service in exchange for the education received and when graduated, is employed at the rate of \$25 per week, regardless of how many years of experience she may have had. During her hospital training she is caring daily for five patients individually, and has opportunity of observing from fifteen to twenty-five cases all under very close touch, not to say anything of the interesting cases throughout the hospital within her scope.

"The domestic nurse is getting her training while the public are paying her at the lowest rate \$10 a week. If you have been observing closely the scale of rates of this nurse, you will find that she has been advancing in this respect until now it is not unusual for her to receive \$21 to \$25, and it has been said that we have one in our own city, whose rates are \$30 per week. That there are women born with natural tendencies for caring for the sick and that these women are found in the ranks of the untrained nurse, we grant you. That there are women found in the ranks of the trained nurse who are unfitted and a detriment to the calling, we also grant you. We invite, for your comparison, the choice material in the trained field and the choice material in the untrained field, and leave it to you to arrive to your own conclusion as to which of the two is the best fitted for the care of your sick.

"That we need the attendant in the field to care for certain kinds of sickness, is without question. Would she not care for the sick just as conscientiously, just as tenderly and well, under the title of 'attendant' as though she were called domestic or some specified kind of nurse? Would it make her services any less valuable to a community, were she called an 'attendant'?"

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

A Cooperative Maternity Bureau

One often hears, even outside any professional capacity, "Since my first baby was born (or since my last baby was born) I have never been well."

The Maternity Bureau, recently established in New York City, hopes to be an entering wedge for a "*Safety first to Mother*" campaign; to establish a system of efficient nursing in maternity work for independent families of moderate means, the class which is the backbone of the country as it consists of about seventy-five per cent. of its population. This large and responsible part of the community is being utterly neglected as far as the home instruction and nursing problem is concerned.

In this system of nursing it is hoped to study, under the physician's direction, the individual case and to give proper care to begin with, and enough and efficient help at the crucial time to prevent all accidents.

An emergency nurse will be ready to answer calls at a moment's notice, day or night.

Physicians find in many cases that it is possible, with sufficient help at the proper time, to avoid having the mother undergo an operation later and probably to save her from a nervous breakdown or chronic invalidism.

The Bureau proposes to provide, to intelligent women, the means of knowing the right way to care for themselves during pregnancy and confinement, and a system of nursing whereby those of moderate means may have the best possible care in their homes, whereas now they are not as intelligently cared for as the tenement house mothers who are being instructed and nursed by the Municipal Health Department and other charitable organizations.

Graduate nurses will visit homes to instruct and advise mothers, in co-operation and under advice of the family physician—and to do special treatments, such as bandaging, applying binders and supports, making urinalysis, etc., and to prepare for the confinement and be present at it.

Non-graduate nurses or attendants will care

for the patients and assist in the care of the household where necessary, under the supervision of a graduate nurse supervisor, who will make preparation for and be present at the confinement and will see that the physician's orders are carried out and that the work is safely and properly done. The charge for services of the supervised attendant will be suited to the average family of moderate means.

Home nursing supervision will also be extended to sick babies and children. There are many cases of chronic invalidism in children where the mother's time is given up to them to the neglect of the other members of the family and at the risk of her own health. A daily visit from a nurse to bathe and make the little patient comfortable for the day, would greatly relieve the mother and through the organized co-operative method, it can be done at small cost.

As the work grows, it is planned to arrange for special visiting nurses for contagious cases. This work is now done for the very poor by the Department of Health. People of moderate means are just as badly in need of this instruction and nursing care.

It is urged that arrangements be made as soon as possible in maternity cases so that they may have the necessary supervision during the entire term of pregnancy.

In all cases a physician must be in charge. The first instruction will be—"engage your physician, if you have not already done so." Physicians prefer to have their patients under their supervision during the entire term of pregnancy.

Mothers who visit the Bureau will be instructed in preparation of infant's food, bathing, special treatments, etc., and an exhibit of most practical, economical and up-to-date maternity and baby supplies will be used to assist them in making judicious selections in preparation for the confinement and the baby.

A well-planned course of reading for mothers who wish it, will be suggested in detail. A small library of selected books will be available

to mothers who call at the Bureau and have a few moments to read and rest.

Competent healthy wet nurses who have passed a thorough medical examination will be supplied upon application. An attempt is being made to have established a wet nurses' home and registry, along the lines of the one now operating in Boston, where the plan has been so successful after two years that it is now almost self-supporting.

Families who are able to pay the regular fee for the services of graduate nurses, will upon application have the assistance of this Bureau in securing those who make a specialty of maternity or children's nursing. Many men are anxious because their wives do not take motherhood more seriously. The Bureau would like to get the fathers openly interested in this subject. Now, isn't it worth while for them to know all about it, too?

It is planned to hold a Better Babies' Contest soon. Babies are to be examined separately and by appointment.

The Bureau is able to assist nurses who wish to undertake expectant mother work in the Infants' and Maternity Department of the large department stores or elsewhere. The plan of prenatal work and instruction, is that adopted by the Medical Council of the Committee for Reduction of Infant Mortality, of the New York Milk Committee.

Finally—it is hoped to make the Bureau a clearing house for Maternity and children's nursing care, giving to independent families of moderate means the best possible service—making it reasonable through co-operation.

The offices of the Bureau are pleasantly located on the ground floor of a private dwelling opposite the New York Public Library at 26 West 40th Street, near Fifth Avenue, easily accessible from all directions, by surface, elevated and subway car lines, and is under the able management of Mrs. Mary E. M. Carter, R. N.



Vermont

A Hospital Guild has been organized recently among the members of the Fanny Allen Hospital Training School for Nurses, the object of the guild being to supply furnishings for their hospital. A series of entertainments has been planned for this purpose, the first number of which was held in form of a whist party and linen-shower, October 6, in the K. of C. Hall,

Burlington, Vt. A large attendance and generous donation of linens manifested the general interest of the public in this commendable work of the Guild.



Massachusetts

Mrs. Margaret Long died suddenly at her home in Brockton, on September 24, 1913, of heart failure. She graduated from the first class from the Brockton Hospital Training School for Nurses, in 1888. She was treasurer of the Training School Alumnae Association, and for years had conducted the Nurses' Directory. She was deeply interested in all pertaining to nurses and nursing, and her loss will be keenly felt.

Miss Grace B. Beattie, R.N., former Superintendent of the Brockton Hospital, has accepted a position as Superintendent of the North Adams Hospital, taking up her duties October 1, 1913.

Miss Charlotte M. Brainard, R.N., graduate of the Brockton Hospital Training School, class of 1911, has taken the position as Assistant Superintendent of the North Adams Hospital, North Adams, Mass.



Connecticut

The regular monthly meeting of the C. T. S. Alumnae Association, was held October 2, in the nurse's dormitory, Miss Bigelow, vice-president, in the chair. The routine business was carried out, also the subject in reference to each nurse joining, as far as possible, the State Association. After adjournment, tea was served.

The president, Miss Barron was absent on account of illness, consequent of a serious operation sometime previously in the N. H. Hospital, but at the time of the meeting, was favorably convalescing.

The regular monthly meeting of the C. T. S. Alumnae Association was held 3 P.M., November 6, at the Nurses' Dormitory, with a large attendance. The president, Miss Barron, was in the chair. Routine business was attended to; then the subject of increasing the membership of the State Association was mentioned as important before the bill could be taken to the legislature for amendment. Discussion followed relating to local conditions in regard to having only graduates take examinations for school nursing or any public health positions. The contagious hospital is well under way on the grounds of the New Haven Hospital.



GRADUATING CLASS, COOK HOSPITAL, FAIRMONT, WEST VIRGINIA

On October 25, the St. Francis Hospital Training School Alumnae Association held its semi-annual meeting at the Hospital. There were forty members in attendance.

The delegates, Miss E. Toomey and Mrs. S. Gralton, gave a very interesting report of the Nurses' Convention at Atlantic City.

The following officers were elected for the coming year: President, Miss E. F. Riley, R.N.; Vice-president, Miss E. A. Toomey, R.N.; Secretary, Miss E. I. Marshall, R.N.; Treasurer, Miss R. T. Moore, R.N.; Executive Committee, Mrs. S. Gralton, R.N., Miss M. A. Ahern, R.N., Mrs. L. B. Donahue, R.N. and Miss S. A. Martin, R.N.

The dining hall was beautifully decorated with ferns and school colors. A luncheon was served followed by music and dancing.



New York

The twelfth annual convention of the New York State Nurses' Association was held at Niagara Falls, October 15 and 16. Hon. O. W. Cutler delivered the address of welcome, on behalf of Mayor Laughlin, who could not be present. Mrs. Charles G. Stevenson, secretary of the Association, responded to the welcoming address. The address of the president, Mrs. C. V. Twiss of New York, embodied a review of the work of the association for the past twelve years. The principal business of the meeting was the adoption of the report of the legislative committee, which recommended a bill for the restriction by law of the term, "Nurse," to registered nurses, graduates of schools approved by the New York State Board of Regents. The committee suggested a fine of from \$25 to \$250 for the first conviction for unlawfully using the term "nurse," and for a fine of from \$50 to \$500 for each subsequent offense. A bill will be prepared and presented to the next Legislature embodying the recommendations of the committee.

Papers were presented by Dr. Roswell Park of Buffalo, Dr. B. F. McKenzie, Toronto, and Dr. G. S. Cott, Buffalo. There was a presentation of Woman Suffrage, Mrs. B. D. Rogers speaking for and Mrs. Frank J. Goodwin, against.

The election of officers resulted as follows: Mrs. Charles G. Stevenson, Brooklyn, president; Miss Emma Jones, Rochester, and Miss Elizabeth Dewey, Brooklyn, vice-presidents; Mrs. Hugh Reed Jack, New York, secretary; Miss Anna O'Neil, Utica, treasurer.

Mrs. C. V. Twiss of New York, retiring president, was elected trustee for three years, and

Miss Irene M. Johnson, superintendent of the Memorial Hospital, Niagara Falls, was elected to the board of nurse examiners. The members of the executive committee are Miss Nellie Davis, Buffalo; Irene Yocum, New York, and Miss Catherine Dewitt, Rochester.

Syracuse was chosen for the next meeting.

The Metropolitan Hospital Training School Alumnae Association holds its meetings at the Arnott's Home and Registry, 2002 Fifth Avenue, New York City. Graduates who are not members can obtain full information from Miss Arnott.

The regular monthly meeting of the Graduate Nurses' Alumnae of the Clifton Springs Sanitarium Training School was held on the evening of November 1 in the nurses' parlors. A very good attendance listened with much interest to a paper read by Dr. James Mumford, on "The History of Anesthesia."

The Clifton Springs Sanitarium Alumnae Association was represented at the annual convention of the New York State Nurses' Association, held at Niagara Falls, October 16 and 17, by Miss B. L. Niles, R.N., Miss Isabelle Whittaker, R.N., Miss Edith Woodsworth, R.N.

Miss B. L. Niles, R.N., superintendent of nurses, spent a very pleasant vacation in Bermuda.

Miss Florence Reepay will spend the winter in Florida.

The members of the Graduate Nurses' Registry, of Syracuse, gave a very enjoyable dancing party recently. There were about fifty couples present, including doctors, nurses and their friends. The hall was very attractively trimmed in red and white. The music was fine and punch was served during the evening.



New Jersey

The sixth semi-annual meeting of the New Jersey State Nurses' Association was held Tuesday, November 4, at St. Paul's Parish House, Engle Street, Englewood. The program follows:

Registration of members, delegates, visitors, 9 to 10 A.M.; invocation, the Rev. Fleming James; address of welcome, Mrs. F. S. Bennett; response, Miss A. R. Creech, R.N., president of the New Jersey State Nurses' Association; roll call, minutes; report of secretary, Mrs. d'Arcy Stephen, R.N.; report of treasurer, Miss M. E. Rockhill, R.N.; reports of committees; address, "Public Health Nursing," Miss Ella P. Crandall, R.N.,

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The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

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INSTRUCTORS

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutic Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania.)

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College.)

B. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.)

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz } Penna. Orth. Institute.
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secretary of the national organization for public health nursing.

1.30 P.M.—President's address, Miss A. R. Creech, R.N.; reports of committees; address, Dr. Edwin Holmes.

The annual meeting of the St. Mary's Hospital Training School Alumnae Association, Passaic, was held at 3.30 P.M., October 8, at the Nurses' Home, with the president in the chair and other officers present. Routine business was followed out, new members were admitted, and the following officers were elected for the coming year: President, A. Gertrude Hines (re-elected); Vice-president, Ethel J. Cole; Secretary, Agnes C. Hogan; Treasurer, Mrs. D. J. O'Leary.

The graduating exercises of St. Mary's Hospital, Passaic, N. J., took place in St. Nicholas' Auditorium, Wednesday evening, October 1. The stage was beautifully decorated for the occasion, in white and red, the class colors. Rev. Wm. F. Grady of St. Mary's Church, Rutherford, delivered the opening address and presented the diplomas. Dr. Chas. A. Church was the next speaker. He gave sound advice to the class as to their future work and urged that they continue in the splendid manner in which they received and accepted their training. Dr. Maps then delivered a few well chosen remarks, telling of the work of the nurses and the big duty which lies before them. He complimented the class and spoke in the highest terms of their work which he has witnessed in the hospital. He then awarded the class pins, giving with each presentation his best wishes for success.

Miss Agnes C. Hogan delivered the class prophecy, and it was not alone humorous but full of interest. Miss Hogan outlined a very interesting career for each of her class-mates and told, in clever manner, of their years to come. The six graduating nurses are: Misses Ellen M. Birchenough, Catherine R. Sheeran, Henrietta M. Harrison, Catherine S. Whitaker, Elizabeth B. Estler, Agnes C. Hogan.

The annual meeting of the Mountainside Hospital Nurses Alumnae Association of Montclair, was held in October, 1913, for the election of officers. The following were elected for the ensuing year: President, Miss Willer; First Vice-president, Miss Cox; Second Vice-president, Miss Stitt; Corresponding Secretary, Miss Montgomery; Treasurer, Miss Rice; Nominating committee, Misses Freney and Vernet; Miss Weiss, chairman; Auditing committee, Misses

Hanlan and Brown, Miss Speicker, chairman; Visiting committee, Misses Leckie and Garrett, Miss Synnott, chairman; Entertainment committee, Misses Cox, Palmer, Brown, Kerr, Miss Pell, chairman; Executive committee, Misses Stitt, Montgomery, LeRoy, Weiss, Speicker, Synnott, Pell, Miss Willer, chairman.



Pennsylvania

The Alumnae Association of the Pittsburgh Training School for Nurses of the Homeopathic Hospital, held its regular quarterly meeting the evening of October 15, at the Nurses' Home. Dr. George B. Moreland gave a very interesting talk on "Current Events." Miss Hallock was appointed delegate to the Graduate Nurse Association which meets at Philadelphia in November. Refreshments were served and a social hour passed very pleasantly.

The Alumnae has a Trust Fund of over \$5,000, the income being used for their sick members; also a death benefit, each member being assessed two dollars.

An interesting meeting was held by the Presbyterian Hospital Alumnae Association, at the hospital on Sherman and Montgomery Avenues, Pittsburgh, November 3, 1913. Quite a number of members were present and important business was transacted. The following officers and chairmen of committees were elected: President, M. V. Swearingen, R.N.; Vice-president, Olive Paden, R.N.; Secretary, Mrs. Adelia Fuller, R.N.; Treasurer, Olive McWilliams, R.N.; Chairman of Arrangement committee, Mary E. Anderson, R.N.; Chairman of Press and Publication Committee, Flora A. Murphy, R.N.; Chairman of Registry Board, M. D. Towse, R.N.

After the summer vacation, the first regular meeting of the Nurses' Alumnae Association of the Woman's Hospital of Philadelphia was held at the hospital on Wednesday, October 8, at 3 P.M., with the president, Miss M. Bratton, in the chair. After the transaction of routine business, the meeting adjourned to meet again at the home of the president on November 6. A social hour was spent with Mrs. Close, head nurse, and her assistants, and was much enjoyed by all. Tea and cake were served.

The regular meeting of the Nurses' Alumnae Association of the Woman's Hospital was held November 6, at the home of the president, Miss Bratton. Routine business was transacted, and subjects of interest discussed. A nominating

Free to Nurses

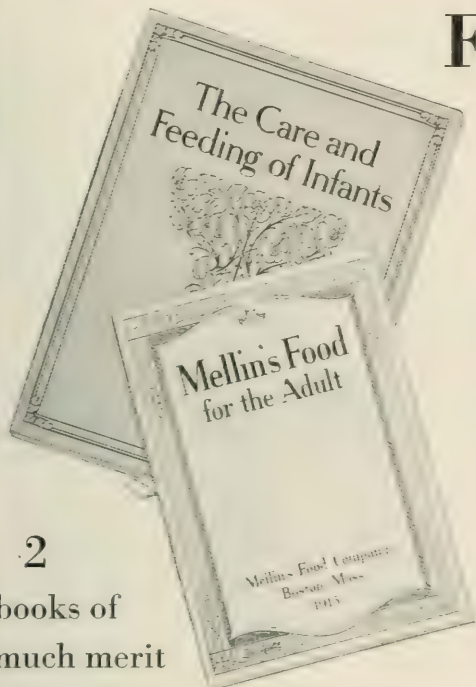
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committee was appointed to make up the ballot for the annual election of officers in January. At the close of the meeting Miss Ida F. Giles gave an interesting talk on the American Nurses' Association and State Registration. The meeting was well attended, quite a number of visitors being present. Refreshments were served, and all enjoyed a social chat. A rising vote of thanks was tendered the president for her hospitality.

The regular monthly meeting of the Nurses' Alumnae Association of the Philadelphia Lying-In Charity Hospital was held at the hospital on Thursday, November 6, at 3 P.M. The vice-president, Miss Clara B. Steinmetz, presided. There were twenty-six members present. Miss Shallcross was reported ill at the Woman's Hospital. There will be an election of officers at the December meeting.



Kentucky

A special meeting of the Kentucky State Association of Graduate Nurses, was held at Louisville, for the purpose of considering a bill entitled "An Act to Create a Board of Nurse Examiners in the State of Kentucky and Regulate the Practice of Trained Nurses;" the bill was accepted with the exception of a slight change in the redrafted condition submitted.

Also it was decided to send a delegate through Kentucky, to see the Senators and Representatives to endeavor to secure their interest in the passage of the bill. The measure was drafted by Aaron Kohn, which, in the opinion of the nurses, insures the success of their act, since it is the sixth or seventh of a like nature Mr. Kohn has drafted for physicians, dentists, pharmacists, etc.



Alabama

The regular meeting of the Graduate Nurses Association, was held by invitation, October 8, at the home of Mrs. Fred Larkins (Ellen Forsman), in Norwood. Twenty-five members were present besides several visitors.

Some time has been spent previous to this meeting in getting together representative nurses from other parts of the state, to join in organizing the Alabama State Nurses' Association. There are only two Graduate Nurses' Associations in the State, Birmingham having about ninety members and Montgomery about thirty-eight.

The Birmingham Association's officers have been communicating with representatives in Montgomery and had their permission to proceed

with the organizing of the State Association, and after the regular business of the Birmingham Association was finished, a temporary chairman and secretary were appointed. A nominating committee and a committee on constitution: Miss Linna H. Denny, chairman; Miss Helen MacLean, secretary.

Committee on Nominations: Mrs. Cora Sanford, Miss Ella Smith, Miss Katherine Baker.

Committee on Constitution: Miss Helen MacLean, Miss Emma DeShazo, Miss Catherine Moulitis.

Officers were elected and the meeting adjourned, the Executive Board to meet again later in the evening to finish the business of organization, and at the same time giving way to the hostess, Mrs. Larkin, and joint-hostess, Miss Eida Petersen.

Among the visitors present were: Mrs. Hatsook, Superintendent at the Davis Infirmary; Miss Ellison, Superintendent of Nurses at the Hillman Hospital, who has recently arrived from Cincinnati; also Miss Laverne Brighton, who also came from Cincinnati, and is connected with the Hillman Hospital, and Miss Rebecca Hale, registrar. Salad and ices were served. Miss Ella Smith and Miss Hale won the prizes for correct guessing.



Mississippi

The Graduate Nurses' Association of Hattiesburg, Miss., met at the Hattiesburg Hospital, on October 15, with the President, Miss Quinn, in the chair. Plans for the work for the year were discussed and the subject for discussion for the next meeting was chosen. Miss Pearl Jack was appointed as a delegate to the meeting of the Graduate Nurses' State Association, to be held at Meridian, October 22. Officers for the coming year were elected as follows: President, Jennie M. Quinn; Vice-president, Miriam Lott; Secretary, Annie Milner; Treasurer, Sallie K. Gray; Fifth member of Executive Committee, Lorena Saucier. After the meeting refreshments were served by the President. Miss Jennie M. Quinn, Superintendent of the Hattiesburg Hospital, has resumed her duties, after an absence of several weeks spent in California and the Middle West. The principal points of interest, visited by Miss Quinn, were Pasadena, Los Angeles, San Francisco, Salt Lake City, Denver and Chicago.



Arkansas

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orial Hospital, Fort Smith, was held on the evening of October 2, 1913, at the hospital. The large assembly room and great hall were packed with an enthusiastic audience consisting of the board of directors, the staff of physicians and the board of lady managers, the graduating class, Misses Nora Morgan, Margaret Alexander, Alma Hardy, Mary M. Kibler, Mary Elizabeth Koiner, Lucy Josephine Kars, Nadine Bozeman, Wilhelmina Koop, Nellie Zimmerman and Nettie Alexander, the nurses from St. Edward's Infirmary in their pretty uniforms, and many other friends of the hospital. The program opened with a prayer by Rev. Jetton of the Sulphur Springs Presbyterian church. Then followed Dr. J. D. Southard's address to the graduating class. It was scholarly, full of information and kindly advice. Dr. W. R. Brooksher, as Chief of Staff, was master of ceremonies and with happy words presented the graduates with their well-earned diplomas.

Mrs. George F. Hynes presented each of the graduates with a gold medal in behalf of the Board of Lady Managers, of which she is president. The handsome medal offered by Dr. J. A. Foltz, to the student attaining the highest grade in anatomy, was presented to Miss Nellie Zimmerman.

A new feature was the reading in concert, by Miss Tye and the graduating class, of the Florence Nightingale Pledge. Miss Tye, after giving the class professional advice, with a few beautiful words, presented her annual prize for general efficiency during the two years' training to Miss Kibler.

At the close of the exercises, delicious refreshments were served and the throng of guests enjoyed a delightful social hour.

The Arkansas State Nurses' Association held its annual convention October 29, 30, 31, at Little Rock. The first session opened at 10 o'clock Wednesday morning. The address of welcome was given by Miss Sophie McGuire, of Little Rock, and the response by Miss Menia Tye, of Fort Smith. The Rev. George B. Myers, dean of Trinity Cathedral, made an address.

Wednesday afternoon Dr. Ida Joe Brooks, of Little Rock, spoke on "Medical Inspection of Public Schools," and Mrs. Arthur Jones "What the Public Expects of a Nurse."

The session Thursday morning opened with a talk by Mrs. Henry B. Martin. Miss Mary McCabe presented a paper, "The Conservation of Life." At 2.30 o'clock Thursday afternoon Dr. O. K. Judd, of Little Rock, spoke on "State

and City Health Laws," followed by a talk, "The Value of Registration," by Miss Belle McKnight. A paper, "District Nursing," Mrs. F. W. Aydtlett.

Miss Menia Tye, "Prophylaxis," and Miss Helen St. Clair, of Little Rock, "Insane Work," Miss Vivian Coy, of Little Rock, on "Tuberculosis."

Friday morning was devoted to routine matters, the election of officers. Friday afternoon a musical matinee was held at the home of Mrs. Charles F. Martin, under the direction of Mrs. E. C. Fones, of the Little Rock Conservatory of Music.

The officers for the coming year are: President, Mrs. F. W. Aydtlett, Little Rock; secretary, Miss Bella McKnight, Pine Bluff. A League of Nursing Education of the State was organized with Miss Bella McKnight president and Miss Menia Tye secretary and treasurer.

The Nurse Board of Registration met at the State Capitol, Little Rock, October 27 and 28, and 315 nurses in the State have been registered.

The Nurses' Association of Fort Smith and vicinity has a membership of 33. Mrs. George Sengle, president, Miss Menia S. Tye secretary and treasurer.



Missouri

The Lutheran Hospital Training School for Nurses, held its graduating exercises at the Concordia Seminary, on October 15, when nine nurses received diplomas which were presented by Rev. F. Rudi, Superintendent of the hospital; the pins were presented by Rev. Kretzschmar. After the exercises, refreshments were served to the graduates at the Lutheran Hospital Lecture Hall.

On Thursday evening, October 16, the Lutheran Hospital Nurses' Alumnae Association gave a banquet to the graduating class, at Mrs. Means, 3640 Washington Avenue. Miss S. Reitz, president of the Alumnae, welcomed the class to the ranks of the profession and invited the nurses to join the Alumnae at once. Miss Schmidt responded for the class. After refreshments were served speeches were dispensed with. The honored guests of the evening were: Rev. Rudi, Superintendent of the Hospital, Miss Lindeman, Superintendent of the Training School, and Miss Marget McKinley, President of the Missouri State Nurses' Association and Registrar of the Central Directory.

The Lutheran Hospital Nurses Alumnae Association held its regular monthly meeting October

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with many physicians, based on accurate observation and scientific deduction, that coffee, as a routine daily beverage, causes more or less serious disturbance in the nervous system of many persons.

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5, at 3 P.M. The President, Miss Reitz in the chair. After two interesting reports from Miss Tiemeyer and Miss Stahl, delegates for the Missouri State Nurses Association, the officers for the coming year were nominated.

Miss Sarah Reitz, R.N., class 1904, of the Lutheran Hospital Training School for Nurses, has accepted the position as Superintendent of the Mexico General Hospital, at Mexico, Mo.

Miss Anna Struckmeyer, R.N., class 1906, of the Lutheran Hospital Training School for Nurses, has taken charge of the hospital at Carbondale, Ill.

Miss Ida Gerding and Miss Mary L. Baird, graduates of the Lutheran Hospital Training School for Nurses, have entered the University at Columbia, Mo., to take the preliminary course which is being offered to trained nurses.



Indiana

The semi-annual meeting of the State League for Nursing Education was held at the Deaconess Hospital Nurses' Home, Indianapolis. The program for the morning's session included the report of the acting secretary-treasurer, Miss Beatrice Murdoch, and two round table sessions, one with Miss Murdoch in charge, devoted to the problems that come before superintendents of training schools, and the other, with Miss Laura Stegnar in charge, dealing with public health nursing.

Miss Stegnar expressed the hope that suitable training for public health nurses should be included in the curriculum of every nurses' training school.

The program for the closing session in the afternoon provided for a paper by Miss D. Elva Mills on questions concerning superintendents of training schools and State board examination for nurses; a report on the meeting of the American Hospital Association at Boston, by Dr. John W. Sluss, a question box and the election of officers, which resulted as follows: Miss Edith Willis, of the Good Samaritan Hospital at Vincennes, president, and Miss Beatrice Murdoch, superintendent of nurses at the Deaconess Hospital, secretary and treasurer. It was decided that a committee should be appointed to arrange for the affiliation of the State League with the National League for Nursing Education.

The Indiana State Nurses' Association held its annual meeting in Indianapolis, October 15, 16, 17. The opening session consisted of an invoca-

tion by the Rev. A. B. Storms; an address of welcome by Clarence D. Boyd, representing the Indianapolis Chamber of Commerce; a response by Miss Ida McCaslin, of Lafayette; the report of the secretary, Miss Ina M. Gaskill, Indianapolis; the report of the treasurer, Miss Frances M. Ott, Morocco; the address of the president, Miss Anna Rein, Indianapolis, and a report by Miss Gaskill as delegate to the meeting of the American Nurses' Association, at Atlantic City, last June.

The members of the Association had luncheon at noon at the Hotel Severin. The program for the afternoon included the transaction of routine business, an address on "Tuberculosis," by Professor Severance Burrage; an address on "The Teaching to School Children of the Prevention of Tuberculosis," by Miss Sarah B. Helbert, of Cincinnati, who is engaged in that line of work, and a talk on "The Dentist in Our Schools," by Dr. George Edwin Hunt. Dr. Hunt's talk was illustrated with stereopticon views and motion pictures.

The transaction of routine business, the reading of several reports and the election of officers took up the closing session.

The graduating exercises of the Class of 1913, Fort Wayne Lutheran Hospital, were held on November 5, 1913, at 8 P.M., at the Concordia College Auditorium. Addresses were made by Dr. H. A. Duemling and Rev. M. Kretzman.

Class motto: "Faithful to duty." Class flower: Lily of the valley. Class colors: Blue and white. Rev. A. Lange presented the hospital emblems and diplomas to the ten graduates.

Anna Lauman, R.N., is the principal of the training school, assisted by Anna Holtmann, R.N.



Wisconsin

The Wisconsin Association of Graduate Nurses held its fourth annual meeting on October 7, in the Atheneum, Milwaukee. Miss Ella McGovern, first vice-president, presided. Miss Mina Newhouse acted as secretary. After the reports of the various committees, the meeting proceeded with the election of seven directors, as follows: For three years, Miss Anna Dastych, La Crosse; Miss Katherine Maher, Fond Du Lac; Miss Regine White, Miss Margaret Pakenham, Miss Agnes Tompkins, Milwaukee; Miss Bertha Schultz, Milwaukee, was elected for two years, and Mrs. Ellen H. Gladmann for one year to fill vacancies caused by the resignations of Miss Helen W. Kelly and Mrs. Maud G. Davis.

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Immediately after the general meeting, the board of directors held its annual meeting and elected the following officers for the ensuing year: President, Miss Stella S. Matthews; vice-presidents, Miss Regine White, Miss Anna J. Haswell; treasurer, Miss Emma Katz; secretary, Miss Mina Newhouse.

The evening session was well attended. Miss Lutie E. Stearns, State librarian, gave a talk on "Pillow-Smoothing Literature." She presented each one with a list of books which she had compiled, and in going over the list made many suggestions of suitable books for various invalids, as well as for the well. Miss Nan Dincen, superintendent of the Infants' Home and Hospital, Milwaukee, read a paper on "The Care and Feeding of Babies." This contained many practical hints on the care of babies. At the close of the program light refreshments were served.



Minnesota

The Minnesota State Graduate Nurses' Association held its tenth annual meeting on the afternoon and evening of October 2, at the Nurses' Residence of the City and County Hospital, St. Paul. The afternoon meeting was for members only, and was called to order by the president at 2.30. A report was given by the special committee created to make a general survey of nursing conditions in the State, to determine what might be done to increase interest and membership in the State Association. It was recommended that one person should visit all organizations through the State, and that talks in high schools should be provided for. Officers were elected as follows: President, Mrs. E. W. Stuhr; vice-presidents, Louise M. Powell, Mrs. Roderick; secretary and treasurer, Augusta K. Mettel; assistant secretary, Mary Wood; corresponding secretary, Caroline Rankilour; directors, Misses Patterson, Wadsworth and Cowl.

At the evening session Dr. George E. Vincent, president of the University of Minnesota, gave an address. Miss Helen M. Wadsworth spoke on "Registration and What It Has Done for Minnesota." Miss Lucy Herman, social service worker for the City and County Hospital, gave an account of her work.

The fifth annual meeting of the Alumnae Association, H. P. B. A. Hospital Training School for Nurses, was held in the Nurses' building, October 11, 1913.

Election of officers took place. The "Home" was presented with a Wallace Nutting picture

and a chest of silver, linen, etc., was started for the use of sick members.

The Life membership fee was placed at \$20.

A banquet was served in the evening.

The annual meeting of the Alumnae of the St. Mary's Hospital Training School, Duluth, Minn., was held Friday evening, November 7, 1913, at the hospital. A social hour followed the business meeting, which was held at eight o'clock.

There were twelve new graduates admitted to the Alumnae.

The following officers were elected for the coming year: Miss Margaret Frykdahl, president; Miss Pauline Toole, vice-president; Miss Josephine E. Drama, secretary; Miss Mabel Campbell, treasurer.



Personal

Nurses and physicians united on the evening of Sept. 30 to honor Miss Esther Josephine Tinsley, who resigned as superintendent of the Nesbitt West Side Hospital at Dorranceton, to take a similar post at Pittston City Hospital, Pittston, Pa.

The social session was opened by Dr. D. H. Lake, who complimented the retiring superintendent upon her work. He conveyed the regrets of the board of directors at her retirement, and wished her success in the new field of work. In conclusion, on behalf of the members of the staff, he presented her with a gold watch. On behalf of the nurses Miss Lucy Hessler gave a short address and presented Miss Tinsley with a handsome picture. Miss Tinsley replied briefly and assured them that their kindness would never be forgotten.

Miss Anna L. Schulze, R.N., graduate of the U. of P. Hospital, Philadelphia, Pa., has resigned her position as Superintendent of Nurses, at the German Hospital and Dispensary, New York City, and is resting at her home in Philadelphia.

Miss Claudia B. Hill, Philadelphia, Pa., of the Home for Incurables, Philadelphia, and the New York Ophthalmic Hospital, New York City, also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has been engaged to take charge of the mechanical department at Mrs. Steele's Private Sanatorium, Charleston, W. Va.

Miss Jean A. Harrison, R.N., Maccan, Nova Scotia, graduate of Whidden Memorial Hospital, Everett, Mass., and post-graduate of Bellevue Hospital, New York, and Alexandra Hospital,



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Montreal, Canada, also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the mechanical department at the University Hospital and Training School for Nurses, Iowa City, Iowa.



Marriages

On September 1, 1913, at Halifax, Nova Scotia, Miss Annie S. Cameron, R.N., class of 1907, Brockton Hospital Training School for Nurses, Brockton Mass., to Dr. Walter E. Caswell, Brockton, Mass.

On September 10, 1913, Miss Dorothy Dougherty, of Medicine Hat, Canada, to Dr. Norman Llewellyn Tervillegar, of Edmonton, Alberta, Canada. Mrs. Tervillegar is a graduate of the Connecticut Training School for Nurses, class of 1908. They will reside in Alberta.

On October 22, 1913, at St. Mary's Church, Fort Madison, Iowa, Miss Pauline Fipp, to Mr. William A. Blein. "At home" after December 15 at Henry, Illinois.

On Sept mber 3, 1913, at Bass River, Nova Scotia, Miss Lela Wilson, to Mr. William Edward Boyd. "At home," at Great Village, Nova Scotia.

On August 24, 1913, at Shawnee, Oklahoma, at the First Baptist Church, Miss Agnes E. Anderson, R.N., and Beryl W. Randall. Mrs. Randall is a graduate nurse of the Shawnee General Hospital, class of 1912. Mr. and Mrs. Randall will make their home in Manila, P. I.

At Hackensack, N. J., Miss Fanny E. Forward, graduate nurse of Hackensack Hospital, class of 1907, to Mr. Alden V. D. Meeks. Mr. and Mrs. Meeks will reside in Hackensack.

On October 8, at St. Louis, Mo., Miss Dessa C. Roydure, assistant superintendent of nurses at the City Hospital, to Dr. W. R. Hale, of Wilmington, Ohio.

On October 5, in New Bedford, Mass., Miss Emmie Augusta Bosworth, Class of 1905, Rhode Island Hospital, Providence, to Elisha Henry Browning. Mr. and Mrs. Browning will live in Narragansett Pier, R. I.

On October 6, at Fletcher, N. C., Elise Barrington Atwood, Class of 1902, Orange Training School for Nurses, Orange, N. J., to Mr. John Phineas Dewey.

On October 29, 1913, at her parents' home in Spencerville, Ind., Miss Ethel Baker, a senior nurse of the Fort Wayne Lutheran Hospital Training School, to Fred C. Viland. They will reside at Edgerton, Ohio.

On November 11, 1913, at Spokane, Wash., Miss Harriet May Brady, Class of 1909, Kaler Hospital Training School for Nurses, Bloomfield, Neb., to Mr. G. S. Mowers. After an extended wedding tour in the east Mr. and Mrs. Mowers will make their home at Edwall, Wash.



Births

On August 23, 1913, a daughter to Mr. and Mrs. J. Neblacker, of Lawrence, Long Island. Mrs. Neblacker was Miss R. Harvey, graduate of St. Joseph's Hospital Training School for Nurses, Far Rockaway, N. Y.



Deaths

Miss Edith Wooster Seymour, one of the best-known nurses in Central New York, and for the last year superintendent of the Broad Street Hospital, Oneida, died of pneumonia October 26. She had been ill one week.

Miss Seymour was graduated from the Hospital of the Good Shepherd Training School, Syracuse, in 1898, and was one of the founders of its alumnae association ten years ago. She was attached to the hospital for three and a half years before going to the Oneida Hospital, and after the resignation of Miss Lina Lightbourn at the Hospital of the Good Shepherd, was the acting superintendent.

On August 24 Miss Annie Brennan, the oldest member of Bellevue Hospital Nurses Alumnae Association. Miss Brennan belonged to the Class of 1876, having been a pupil of Sister Helen. She was one of the pioneers who, contending against many obstacles, established trained nursing in the wards of Bellevue.

On September 21 Miss Rachel Lockman, a well-known trained nurse of Terre Haute, Ind. Death was due to an attack of epilepsy.

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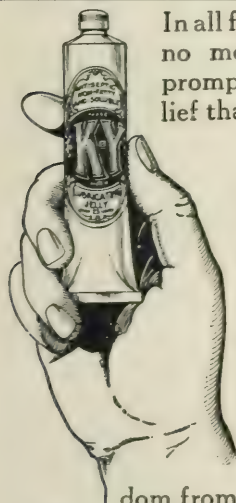
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361-363 Pearl St., New York

The Norwich Absorbo Sheet

A novel combined absorbent pad and water-proof sheet has recently been introduced to the nursing profession. It is designed for use in surgical and obstetrical cases, as a protective in cases of bed wetting, and wherever secretions or excretions of a liquid or semi-liquid nature are to be absorbed. It consists of a top layer of surgical gauze, a thick center of absorbent cotton, both securely stitched to a backing of impervious paper and is called the Norwich Absorbo Sheet. This really practical aid to the busy nurse is a product of The Norwich Pharmacal Company, of Norwich, N. Y., whose advertisement in another page of this issue tells how one of these sheets may be secured without cost. Read it.



"Dix-Make" 666 Uniforms

Thousands of nurses are now wearing "Dix-Make" 666 white uniforms, because they have found them to be trim, smart-looking, well made and carefully finished garments. As they are made in all sizes and are cut along well proportioned lines, they are to be had to fit every one and are giving every possible satisfaction. "Dix-Make" uniforms are ready for wear and fill a long-felt need. Nurses are constantly expressing their pleasure in being able to buy them without trouble or delay and at such moderate prices. Good stores everywhere sell them in various models and materials, but model 666 is the most popular of all. Nurses are invited to give them a trial.



Chronic Catarrhal Diseases

Chronic catarrh never fails to indicate general constitutional debility. Local treatment is always desirable, but for permanent results efforts must be directed toward promoting general functional activity throughout the body, and a general increase of systemic vitality. The notable capacity of Gray's Glycerine Tonic Comp. in this direction readily accounts for the gratifying results that can be accomplished through its use in the treatment of all chronic catarrhal affections, but especially those of the gastro-intestinal canal and respiratory tract. The particularly gratifying features in the results accomplished by Gray's Glycerine Tonic Comp. are their substantial and permanent character. This is naturally to be expected, since they are brought about through restoring the physiologic balance of the whole organism.

Aznoe's Registry

Save yourself worry and anxiety, keep in touch with opportunities for advancement, by allowing H. B. Aznoe to make the original investigation for you. Without loss of time or effort on your part, he brings to your assistance a strong organization, and unlimited resource. You must acknowledge that it is best to patronize Aznoe's Central Registry for Nurses, with an established reputation and with a large clientage of well-pleased patrons whose campaigns have been successfully conducted. If you are interested in a hospital position anywhere in the world, write for our free booklet today.



SOUTH NORWALK, CONN.

OGDEN & SHIMER:

Please send me some more Mystic Cream. Cannot do without it. Enclosed find \$1.00.

M. A. HIRST.



Why Formamint Tablets Excel

Formamint Tablets are in many ways superior to the ordinary mouth gargle, or local application, because:

They are *actual destroyers* of disease germs.

They are pleasant and agreeable in taste.

They can be used anywhere, at any time.

They are absolutely safe to use freely.

They have been scientifically tested and practically proved.



A Really Effective Maternity Corset

During the later months of pregnancy, when there is abdominal sagging in consequence of muscular relaxation, it frequently happens that there is actual prolapsus of the viscera. Under such conditions the functions of the organs are retarded and constipation and other attendant evils ensue.

The La Grecque Maternity Corset relieves the symptoms due to this condition, for it gives firm and correct support from the spine and buttocks, carrying the weight entirely from the back.

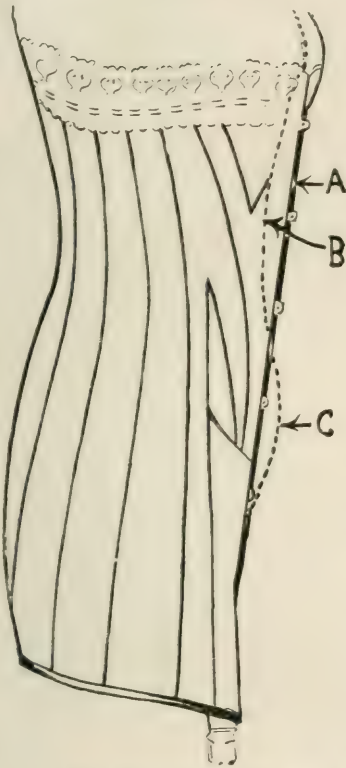
La Grecque Maternity Corset is specially designed to meet the anatomical changes of the figure, as well as the exacting requirements of the pregnant female for a corset that can be worn constantly with comfort.

An illustrated booklet showing the principles of La Grecque construction of both maternity and surgical corsets made by the Van Orden Corset Company, 45 W. 34th Street, will be mailed to any physician who will apply for it.

The Nemo Corset "Bridge"

Carries Women to Safety

THE Nemo "bridge" is one of the features that have made the Nemo Corset famous; yet few know what it is, and no one can see it. The accompanying diagram gives an idea of how the "bridge" is constructed, and what it does.



The dotted line (B) indicates the natural outline of the uncorseted figure. The straight line (A) shows a Nemo front steel, slightly curved inward at the lower end, then going straight to the bust-line. The abdomen (C) is repressed and supported. The region of the diaphragm is "bridged," keeping all pressure from the stomach region (B).

As a RESULT, no woman wearing a Nemo Corset, no matter how tightly it is laced, ever feels that dreadful crushing pain over the stomach which makes her rush home to get her corset off.

The following clever reference to the Nemo "bridge" recently appeared in an advertisement of one of the greatest New York stores:

THE NEMO CORSET HAS A "BRIDGE"
— But it is not a Bridge of Sighs — on the contrary, it eliminates sighs and size, for it permits perfect breathing, and, while giving a straight front, it is so scientifically designed that the abdomen is not in the least crowded.

When you look at the corset, you can't see this bridge which connects health and comfort; but when you put it on, you realize that in the front it is different from any other corset, for there is no pressure against the abdomen.

Undue pressure upon the stomach region is one of the most common corset-faults; also one of the greatest dangers of corset-wearing, as it may cause digestive troubles, headaches, and a host of other ills.

You have read how Dr. Patterson, of London, at a clinic of the Clinical Congress of Surgeons (Chicago, Nov. 14), made a new pylorus to do the work of an atrophied one—the injury having been caused by wearing corsets that "pinched" over the gastric region. *This injury would have been prevented by wearing a Nemo Corset with the Nemo "bridge."*

A NEMO FOR EVERY FIGURE

With Lastikops Bandlet	\$5.00
With Lasticurve-Back	3.00
With Limshaping Extensions	4.00

—and a dozen other models, for very slender to extra-stout figures, all with the Nemo "bridge" and other hygienic features, representing more than a hundred patented inventions. Sold everywhere. Literature Mailed on Request.

KOPS BROS., Manufacturers, New York

Aznoe's Tailored Uniforms

Aznoe's uniforms are tailored, made-to-order and pre-shrunk before cutting. They represent painstaking thought—the best that is in us—in both their designing, the fabrics and the workmanship. They are made for the well-dressed nurse, the nurse who appreciates our kind of uniforms. They have none of the "earmarks" of the department store. They possess the individuality which you should expect from Aznoe's, who specialize in made-to-order uniforms. You can purchase a fine uniform for \$2.50 and up. Send for free sample today.



The Pallid School Girl

In view of the modern methods of education, which force the scholar at top speed, it is not to be wondered at that the strenuous courses of study prescribed for the adolescent girl more than frequently result in a general breakdown, of both health and spirits. Each winter the physician is consulted in such cases and almost always finds the patient anemic, nervous and more or less devitalized. In most instances a rest of a week or two, together with an efficient tonic, enables the patient to take up her school work again with renewed energy. Pepto-Mangan (Gude) is just the hematinic needed, as it acts promptly to increase the red cells and hemoglobin, and to tone up the organism generally. It is particularly suitable for young girls, because it never induces or increases constipation.



Since the Present Decade

calls for efficiency in every pursuit of life, so also does it have its calling among nurses, especially those who aspire to make a success of their profession. They, no doubt, often wonder how they could advance themselves, but have they ever brought to mind after an irksome day's work, or heard of the great success possible in aiding nature to restore health through such a medium called scientific mechano-therapy, such as massage, gymnastics, electro and hydro-therapy? An efficient knowledge in this recognized branch of medicine may be obtained through a course at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green Street, Philadelphia. An investigation may prove beneficial to you, as it has to many others in the past, with unceasing gratitude among the multitude of sufferers. May we send

you one of our illustrated prospectuses explaining our methods, etc.? New classes open November 19, 1913, and January 7 and March 18, 1914. Max J. Walter, M.D., Superintendent.



Asthma

The extreme debility, weakness and depression, which is present in the majority of all asthmatic patients, is most satisfactorily overcome by the continued use of Bovinine. It rapidly restores the blood to a normal standard, stimulates and supplies nutrition, and fortifies the general bodily resistance.



Wash Bowls, Bath Tubs, Sinks, Etc.

Sprinkle Wyandotte Sanitary Cleaner and Cleanser on the parts to be cleaned, and scrub with a brush, or dip a damp cloth or brush into the dry powder and apply to the part to be cleaned. Rinse with warm or cold water. The results will astonish you.



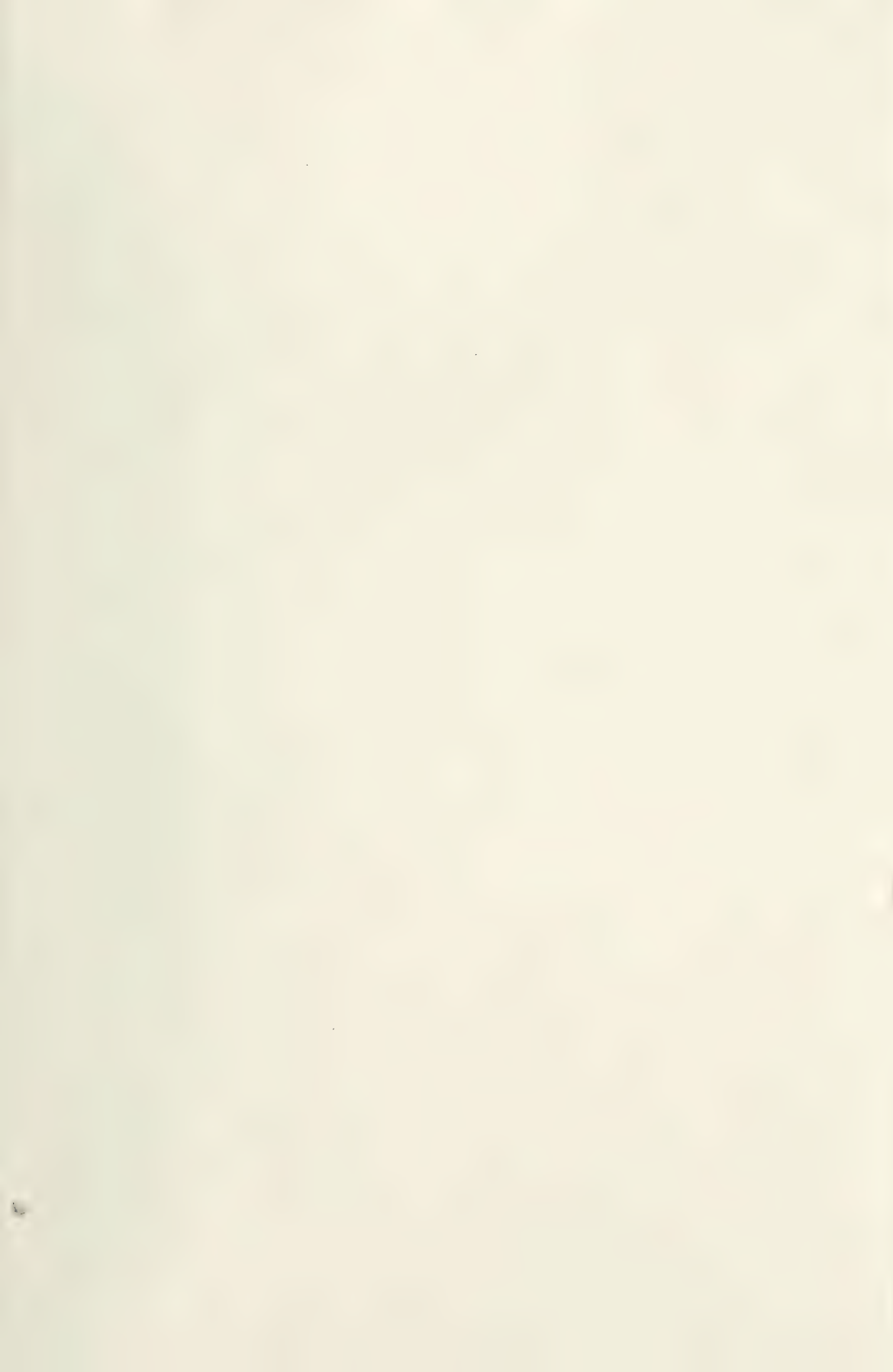
Listerine

Listerine with water, glycerine, or other medicaments, is variously employed in all forms of eczema, different conditions suggesting the degree of dilution; after the application of Listerine, the eruption may be dusted with starch powder, or one part of starch powder with four parts of the oxide of zinc, relieving the distressing itching and irritation. Listerine Dermatic Soap, a very efficient, saponaceous detergent, possessing marked antiseptic power, is peculiarly suited for employment by those suffering from eczematous conditions of the skin.



Lubricating Jelly

K-Y Lubricating Jelly is "the perfect surgical lubricant," is absolutely sterile and antiseptic and yet is absolutely non-irritating to the most sensitive tissues. It is water-soluble, non-greasy and non-corrosive to instruments, and does not stain the clothing in any way. Van Horn & Sawtell, the manufacturers of the preparation, are well known as the manufacturers of the very highest grade of sutures and surgical dressings. If you will send them a request for a sample of K-Y Jelly they will send you one free. Their ad is in this issue, giving the address. No nurse can afford to be without a tube of K-Y Jelly in her emergency bag.





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The Trained nurse and
hospital review

Biological
& Medical
Serials

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